VS A15 (4) 15M 9/5\$

133

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
6658	CERTIFICATE	OF	DEATH	

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0000	OEK(III 16)	TIE OI DEAT		Reg. Dist. No.
D. PLACE OF DEATH O. COUNTY Cec:1	MARYLAND	2. USUAL RESIDENCE (V o. STATE Marylar	Where deceased lived. If institution b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town) F1kton	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	foutside corporate limits, write R	
d. NAME OF HOSPITAL (If not in hospital, give s OR INSTITUTION Union	Ireet oddress)	d. STREET ADDRESS	THE EAST	e, is residence on a farm? yes \ no _
NAME OF DECEASED (Type or print) Sie Barie	Middle (Risie May I	Barnett)	4. DATE MOR	orth Day Year
*	MARRIED NEVER MARRIED DOWED ED DIVORCED	8. DATE OF BIRTH 2-24-1891	9. AGE (In years lost birthdoy) 68 yrs.	Months Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	106. KIND OF BUSINESS OR INDU		te or foreign country)	12. CITIZEN OF WHAT COUNTE
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Samuel Dillman		Corvil1	a Scarborough	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) ITO If yes. give war or dates of service)		Charles H.E		Rd Maryland
Conditions, if any, which gove rise to immediate code (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING 200. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TER	MINAL DISEASE CONDITION GIV	VEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
		ACE OF INJURY (Home, for	rm, 20f. (City or town)	(County) (State
	Vhile Not while fo	ctory, street, office bldg., e	ric.}	
21. I certify that I attended the declare on Actual SIGNATURE Milford H.Sprename (Type)	12 19, and that death	, 19 9, to a courred at 1 5		4, that I last saw the deceas and on the date stated abar slate) DATE SIGN
220. BURIAL CREMATION, REMOVAL (Specify) BURIAL 6-12-1959	22c. NAME OF CEMETERY C	or CREMATORY hodist	22d. LOCATION (City, town, Ek1ton Rural	,,
23. FUNERAL DIRECTOR'S SIGNATURE POPPLY A PLANT IN NO	rth East, Marylan		C'D SY REGISTRAR 24b. REGI	STRAR'S SIGNATURE

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VS A15 (4) 15M 9/5S

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	-	006)				•		Reg. Dist	l. No.	
1. PLACE OF DEATH a. COUNTY	Cecil		MAI	RYLAND	2. USUAL RESII a. STATE	20	ere deceased in	ived. If institut b. COUNT			ission)
b. CITY OR TOWN RURAL ond give Chesan		its, write	c. LENGTH OF STA		V ~	own (If o		te limits, write l 1 tV	RURAL ond gi	ive nearest to	wn)
d. NAME OF HOSE OR INSTITUTION	ITAL (If not in hospital, g	give street			d. STREET A			<u> </u>		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)		r Fran	Midd K		ennett	ł	4. DATE OF DEATH J	une Mo	nih	Doy 29	Year 19 59
5. SEX Male	6. COLOR OR RACE White	7. MARR	TED NEVER MAR		Pebrual		9.	AGE (In years lost birthday) O 89rrs	Months	YEAR IF UN Doys Hour	
during most of we	TON (Give kind of work brighting life, even if retired WOPK	done 10b.	Farmer		Gila	ACE (State		ty, Md	-	EN OF WH	AT COUNTRY
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N					
Char	les H. Bei	nnet	t		Rac	chae1	Buck	worth			
(Yes, no. or unknown)	/ER IN U. S. ARMED FOI (If yes, give wor or dutes of the control	service)	84-22-17	74 A	ice R.	Ben	nett		eake	City,	
	EATH [Enter only one or EATH WAS CAUSED BY: IMMEDIATE CAUSE (c)_(Dispersion (o), (b), and (c)	H	nombr	rip				ONSET AN	ID DEATH
Conditions, if gove rise to code (a), statin lying cause lost	g the under-		Throse	lero	200					flow	e yesu
CATIC	THER SIGNIFICANT CON	DITIONS							VEN IN PART	PERI	S AUTOPSY FORMED?
OR CONTRIBUTION	VAS UNDERLYING [] IG [] CAUSE OF DEATH IY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED	. (Enter noture o	f injury in f	Port I or Part II	of item 18.)			
20c. TIME OF INJU Hour e. m p. m	10	While at work	NJURY OCCURRED Not while of work	20e. PLA fact	CE OF INJURY (ory, street, office	Home, form bldg., etc.	20f. (City of	r town)	(Co	ounly]	(Stole)
actual signature	that I attended the	decease 185	9	at death	accurred at	les	AM, fram ADDRESS (Street	5 19. I the causes el, city or lown.	Lithat I lo and an the stotel	e date sta	
220. BURIAL, CREMAT -REMOVAL (Specif			22c. NAME OF CE	METERY OR				on (City, Iown, Chesan	9	City	ote) Md.
23. FUNERAL DIRECTO		-	ADDRESS	W	leton,	24a. REC'I	D BY REGISTRA		ISTRAR'S SIG		g Pia,
Pippin F	uneral Ho	me	nall M. S.	en	mal.	DATE	JIIL 6.	59	arthur .	8. Kraye	

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	0013	OER III IC	ALE OF BEATH		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Cecil	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived. If institution b. COUNTY	cecil
b. CITY OR TOWN OR RURAL ond give a	(If outside corporate limits, write legrest lown) KE CITY	c. LENGTH OF STAY IN 16	,	rside corporate limits, write RU peake City	URAL and give nearest lawn)
d, NAME OF HOSPI OR INSTITUTION	George St.	et oddress)	d. STREET ADDRESS	ge St.	e. IS RESIDENCE ON A FARM? YES NO 🔀
3. NAME OF DECEASED (Type or print)	First WILLIAM	Middle K. E		4. DATE Mont	th Day Year 19 59
5. SEX M		RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Mar. 15, 18	9. AGE (In years lost birthdoy) 82 yrs.	IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.
during most of wor	ON (Give kind of work done 10 rking life, even if retired) -Reeper	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State o Maryla:	-	U.S.A.
13. FATHER'S NAME		1,21 (2	14. MOTHER'S MAIDEN NA		
M:	ichael Borge	ް	Cath	erine Schron	pe
15. WAS DECEASED EVI (Yes, no. or unknown) NO •	ER IN U. S. ARMED FORCES? [1f yes, give war or dates of service]		rs. Annie M.	Borger Cl	hes. City, Md.
Conditions, if a gave rise to cowse (a), stating lying cause lost.	the under: DUE TO (c)	Clinhonis (7 Lister,	IAI DISFASE CONDITION GIV	ONSET AND DEATH By LESS EN IN PART I(G) 19. WAS AUTOPSY
S 20g. ACCIDENT W	relutrition a	ESCRIBE HOW INJURY OCCURRE			PERFORMED? YES NO
	RY Month, Day, Year 20d Whi		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or tawn)	[County] (State
21. I certify to alive on	Sten	osed from Ock // , and that death V. Davis	17	1	Athat I last saw the deceased and an the date stated above to the DATE SIGN
	June 5, 195	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, or St. Augusti	
23. FUNERAL DIRECTOR Pippin Fu	rs signature neral Home $\mathcal Q$	ADDRESS		BY REGISTRAR 24b, REGIS	itrar's SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs ofter death. Page 4 filled in by unerol director, ages 1 and 2 should be filed with remove corbon papers. itending physician. TO FUNERAL DI Page 3 should the registrar prior

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		6659		CLIVIII	IICA	E OF DEAT	•		Reg. Dis	t. No.	
1. PLACE OF I		ecil		MARY		USUAL RESIDENCE (WO. STATE		lived. If institution b. COUNTY	n: Residenc		admission)
RURAL or	TOWN (If on a give neon Elktor		ts, write	c. LENGTH OF STAY	N 16	c. CITY OR TOWN (If	outside corpor	ale limits, write RU			si town)
d. NAME O OR INST	ITUTION	(If not in hospital, g		oddress)	1	d. STREET ADDRESS					IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or pri		Columbi	a	Middle	Воу	lasi Ter	4. DATE OF DEATH	Mont Jun		Doy 30	Year 1959
5. SEX	1		7. MARR	IED NEVER MARRIE	D 🔲 8. D	Unknown		9. AGE (In years lost birthday)			UNDER 24 HRS.
Fema.		Colored	WIDOWE	_		No family :		76Appr	OX.	Doys	Hours Min.
10a. USUAL Or during mo	CCUPATION of workin Hous	Give kind of work g life, even if refired eWOTK	dane 10b. (own home	R INDUSTRY	11. BIRTHPLACE (Stole	e ar foreign ca	untryj	12. CITI	ZEN OF	WHAT COUNTRY
13. FATHER'S	NAME		1 +		1	4. MOTHER'S MAIDEN	NAME	•			
	Ukn	own				Unknown					
15. WAS DECE		N U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	RMANT		Addre	156		
	,,,	yez, give wor or outer or i	at vol.mj		NE	ellie Washir	ngton	Cecilto	on Md.		
PA	RT I. DEATH	Enter only one co WAS CAUSED BY: WMEDIATE CAUSE (o	Ce	e for (o), (b), ond (c).] rebro-vascu		cident				INTER'ONSET	AND DEATH
gave ri	ans, if any se to imr , stating the	nediate (<u>Ce</u>	rebral arte	riosc	lerosis.				y	ears.
	er II. OTHE	SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERM	INAL DISEASE	CONDITION GIVE	N IN PART	1(0) 19.	WAS AUTOPSY
NO He		haustion.									PERFORMED?
H 6 200. ACCI OR CONTI (IF EITHER	eat ex		20b. DESC	RIBE HOW INJURY OC	CURRED, (E	inter noture of injury in	Port I or Port	Il of item 18.)			PERFORMED?
NO. TIME	eat ex	haustion. UNDERLYING I CAUSE OF DEATH EDICAL EXAMINER)		UURY OCCURRED	20e. PLACE	OF INJURY (Home, fare, street, affice bidg., etc.	m, 20f. (City		(Co		PERFORMED?
20c. TIME (How) 21. I ce alive ar	DENT WAS RIBUTING E., NOTIFY M OF INJURY OF INJURY THIS	haustion. UNDERLYING [] I CAUSE OF DEATH EDICAL EXAMINER) Month, Day, Ye 19 I attended the 30	ar 20d. In While of work	Not while of work of June of from June	20e. PLACE foctory.	OF INJURY (Home, fare, street, affice bldg., etc., 19.59, to 3 curred at 9:15p	m. 20f. (City c.)	or lawn) 59., 19	that I load on th	ounty) ast saw	(State) the decease stated above DATE SIGNE
20c. TIME of Hour 21. I co alive an ACTUAL SIGNATUR PHYSICIAL NAME (Ty	DENT WAS RIBUTING E, NOTIFY M OF INJURY O. 7. p. m. rtify that June RE ///	haustion. UNDERLYING [] I CAUSE OF DEATH EDICAL EXAMINER) Month, Day, Ye- 19	ar 20d. IN While of work decease 19	Not while of work of June of from June	20e. PLACE foctory. 1. death oc	OF INJURY (Home, fare, street, affice bldg., etc., 19 59, ta_3 curred at 9:15p	D. June D. M, fram ADDRESS (Str.	or lawn) 59., 19	,that I land on th	ounty) ast saw	(Stote)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, went be retained by the haspital permits of the standard permits of the attending physician and compage 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, the registrar prior to burial, cremation, or removal, and in any event within 72 harm after death.

death: Page 4

within 24 hours of

Pages 1 and 2 should be filed with

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The state of the s		
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induction (LCD)		

Mary Land

MARYLAND

Cecil

2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) b. COUNTY

ATTENDING PHYSICIAN: The low requires that the death certificate be executed

TO HOSPITAL OR

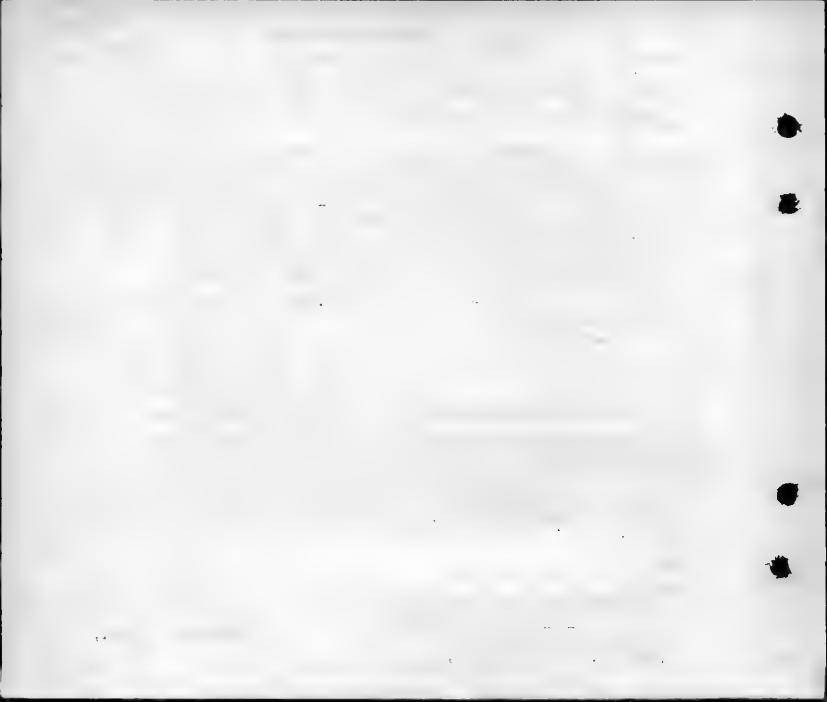
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1. PLACE OF DEATH
a. COUNTY

Cecil

- 1					
	 CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town) 	rite c. LENGTH OF STAY IN 1	b c. CITY OR TOWN (IF	outside corporate limits, write R	URAL and give nearest town)
	North Bast	Lifetime	North	n Bast	
,	d NAME OF HOSPITAL (If not in hospital, give of INSTITUTION	street oddress)	STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO E
- 1	NAME OF First DECEASED (Type or print) Will:	iam Thomas	Boyer	4. DATE Mon OF DEATH	
		MARRIED NEVER MARRIED DOWED DIVORCED		9. AGE (In years lost birthday) 82 yrs.	HOUNDER 1 YEAR IF UNDER 24 HE Months Days Hours Min.
ga	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR IN General	IDUSTRY 11. BIRTHPLACE (S1010) Mary1:	or foreign country)	12. CITIZEN OF WHAT COUNT
13.	FATHER'S NAME		14 MOTHER'S MAIDEN	NAME	
	Samuel Boyer		Mary 1	Louise Biddle	
	WAS DECEASED EVER IN U. S. ARMED FORCES: 1. no. or unknown) 170		Risie V.Reed	Rikton Rd	l Maryland
Z	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate couse (o), stoling the under- lying cause lost PART II. OTHER SIGNIFICANT CONDITI	UREMIA Ca. of G.	I. TRACT	(COLON)	2 DAYS YEAR
CERTIFICATION	GENERALIZEDARTE		MARTERIOSCLER	ROTICCARDIOVASC	PERFORMED?
MEDICAL CE	20c. TIME OF INJURY Month, Day, Year Haur a. m.	20d. INJURY OCCURRED While Not while at work at work	PLACE OF INJURY (Hame, far factory, street, office bldg., st	m. 201. (City or town)	(County) (Sta
	21. I certify that I attended the de alive on JUNE 10.		oth occurred of 3,20	ADDRESS (Street, city or town,	and on the date stated ab
	SIGNATURE A LIGHT	66362	MD. CRC	77 7 5	6 //
	ACTUAL SIGNATURE A LLIL LL PHYSICIAN'S LLILS MI	CUZA	NO. COC	per mant la monta antica de la distribución de la constante de la constante de la constante de la constante de La companya de la constante de	Md.
	PHYSICIAN'S	22c. NAME OF CEMETER	Y OR CREMATORY	per mant la monta antica de la distribución de la constante de la constante de la constante de la constante de La companya de la constante de	or caunty) (State)



VS A15 (4) 15M 9/58

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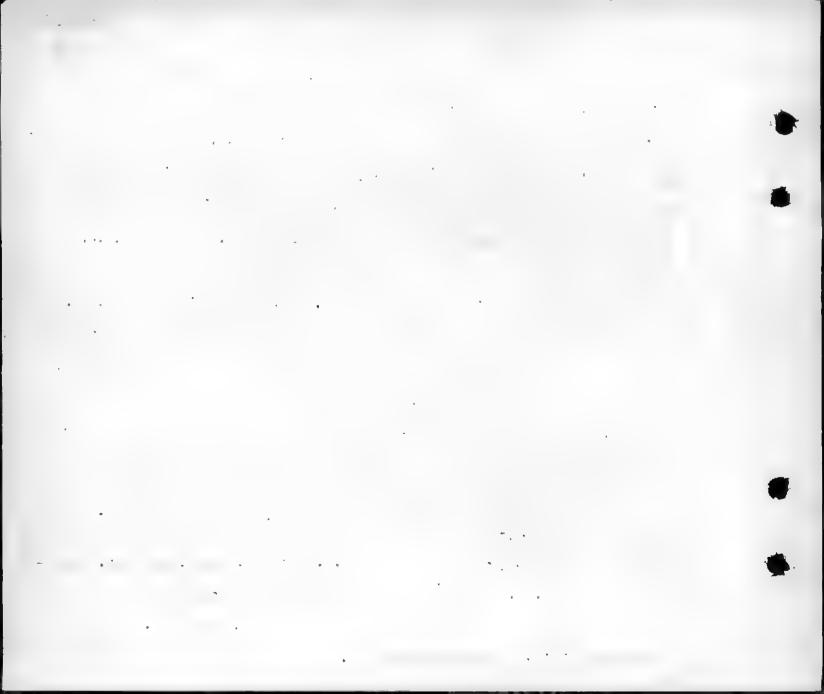
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

116655

CERTIFICATE OF DEATH 6676

nes	Dist	No	- 0

		V . V .							4		W
1. PLACE OF DEA a. COUNTY	Cecil			MARYLAND	2. USUAL RESIL	DENCE (WH	ere deceased lived tof Col-	If institution:	Residence befo	ore admis	sion)
b. CITY OR TO	WN (If autside carporate lin	sils, write	c. LENGTH C	F STAY IN 16	c CITY OR 1	TOWN (If a	utside carporate lir	nits, write RURA	L and give ne	orest faw	(מ)
Perry	Point,		9 da	ays	Wa	shing	gton	Andrew of	-54		
	OSPITAL (If nat in haspital,	give street	address)	•	d. STREET A	DDRESS				e. IS RE	SIDENCE A FARM?
	s Administrat	ion F	lospital	<u>L</u>	912 I	Stree	t, N.W.				NO 🔀
3. NAME OF DECEASED	F	irst		Middle	Los	il:	4. DATE OF	Manth		зу	Year
(Type ar print)	Livingsto	n	(NM)	I) Bi	ırgess		DEATH	6	19	7	19 59
S. SEX	6. COLOR OR RACE	7 MARI	RIED NEVER	MARRIED [B DATE OF BIRTI	Н	9. AG		UNDER I YEAR		
Mal.e	White	WIDOW	ED D	VORCED 🔀	6-13-9	92	67	birthday) M.	anths Days	Haurs	Min
10a USUAL OCCL	PATION (Give kind of work	done 10b	KIND OF BUSI	INESS OR INDU	STRY 11. BIRTHPL	ACE (State	ar fareign country)		12. CITIZEN O	F WHAT	COUNTRY?
Mechanic Automobile Charles Co., Md. U.S.									II.S.A		
13. FATHER'S NAME											
	S Burgess DEVER IN U. S. ARMED FO	PCES2 14	SOCIAL SECUE	UTV NO T	INFORMANT	1 020	<u></u>	Address			
[Yes, no, or unknown]	(If yes, give wer or dates of	service?				D	-A. Trans		طسام	Ma	
Yes	WW I		-		re Hosp.	Recoi	rds, VAH,	Perry 1			
	F DEATH [Enter anly one of								INI	ERVAL B	ETWEEN
PART	. DEATH WAS CAUSED BY:	o) Puln	nonary	embolis	m, massiv	ve			W	thir	30hi:
	DUE TO										
Conditions	If any, which } ,	Thro	eisodmo	of left	t femoral	L veir	a		ur	iknov	m
gave rise	ta immediate	-									
ly'ng couse	ating the under- i	_	ai ammhai	obr left	t 6-16-59	3					
	OTHER SIGNIFICANT CO						INIAI DISEASS CON	INITION CIVEN	INI PART 1/o)	24W 01	ALITOPSY
SE SE				_) IFIE FERMI	INAL DISEASE CON	DITION GIVEN	ITA EMKT I(O)	PERF	ORMED?
5 Art	eriosclerosi:									YES.K) NO 🗆
PART II	IT WAS UNDERLYING THE CAUSE OF DEATH OTHER MEDICAL EXAMINER)	20b. DES	CRIBE HOW IN	JURY OCCURRE	ED (Enter nature a	if injury in l	Part I ar Part II of	item 18.)			
	NJURY Manth, Day, Y	ear 20d. Ii	NJURY OCCUR				, 20f. (City ar lav	∾n}	(Caunty)		(State)
Haur d	10	While	k Nat while	C	ctory, street, affice	e bldg., etc	9				
). m. 17 A			6-10	50	,	<u> </u>				-
	y that ∮attended th		ea rram		, 19.22	_, ta _6.	-19	, 19,59,186		NO DIAGO	60600
න්ද්රවල්වල	000000000000000000000000000000000000000	souther.	scope, and	d that death	n accurred at	8:00	BM, fram the d	causes and c	on the date	e state	d abave.
		00					ADDRESS (Street, o	*			TE SIGNED
ACTUAL SIGNATURE_		La	sem	1	V.A.F	lospi	tal,Perr	y Point	, Md.	6-	22-59
			1								
PHYSICIAN'S NAME (Type)	J.	L. G.	AREY		C1:	inica	l Pathol	ogist			
22a. BURIAL, CREA	AATION, 22b. DATE-BERE			OF CEMETERY C	OR CREMATORY		22d, LOCATION (aunty)	(Sto	ite)
REMOVAL (Sp Removal	ecify)	9		gton Na			Ft. Mye	rs. Va.			
	CTOR'S SIGNATURE		ADDRES			240. REC'	D BY REGISTRAR	24b. REGISTRA	AR'S SIGNATL	IRE	
	ington & Son	Ues			Md.			1	on S. Him		
+ drm	THE OUT TO SOIL	на.	To me	ar ane	****	DAIL	IN 3 0 '59	COUNT	41 20, 100		



ADDRESS

24a, REC'D BY REGISTRAR

DATE JUN 2 9 '59

24b. REGISTRAR'S SIGNATURE

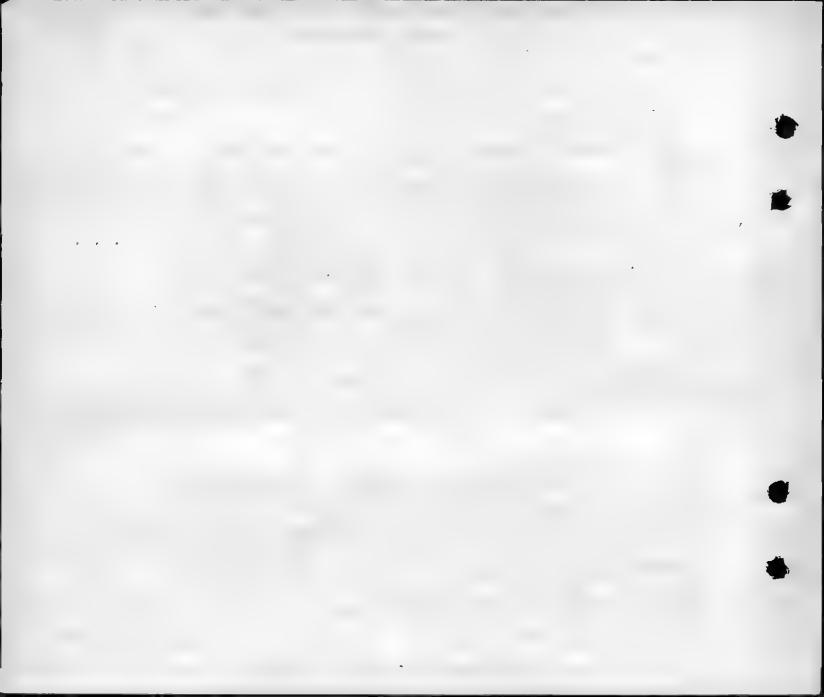
Orthur S. Krous

VS A15 (4 15M 9/55

23./ RUNERAL DIRECTOR'S SIGNATURE

executed within 24

certificote



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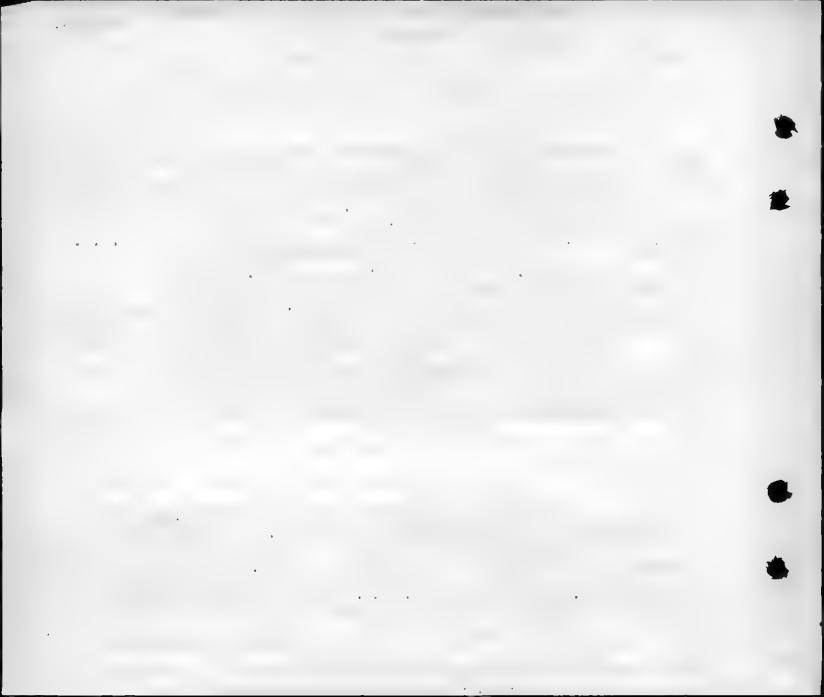
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677	CERTIFICATE OF DEATH	Reg. Dist. No.

		667	7	CERT	11 107	GAIL OF BLATT				Reg. Dist. No.			
1	PLACE OF DEATH o. COUNTY	Cecil		MAR	YLAND	2. USUAL RES	· '	ere deceased live	d, If institution b. COUNTY	Residence Ceci		sion)	
	b. CITY OR TOWN (I RURAL and give no Chesape	fautside corporate limi arest tawn) ake City	ls, write	Life	4 IN Ib	c. CITY OF	·	apeake		RAL and give	nearest low	n)	
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g Chesape	ive street	City		d. STREET					ON A	SIDENCE A FARM?	
	NAME OF DECEASED (Type or print)	ROLANI		Middle A .	-	OOLING	Dsf	4. DATE OF DEATH	Mont June	1	Day 5 2	Yeor 19 59	
5.	Male	6. COLOR OR RACE White	7. MARR			8. DATE OF BIR	_{тн} 3,190	1 1/		Months Do	EAR IF UND	ER 24 HRS. Min.	
100	USUAL OCCUPATION during most of work	N (Give kind of work a ing life, even if retired GOVU.	done 10b.	KIND OF BUSINESS (C. and D.			PLACE (State of		у)		S.A.	COUNTRY	
13.	FATHER'S NAME			-		14. MOTHER	S MAIDEN N	AME					
		Charles V	1. C	ooling			Mary	E. Ar	rants				
IS.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	0. 17. 1	NFORMANT			Addre	31			
L	No	10 yes, g-12 was as acres or a	or vicel		G	ertrud	e H.	Coolin	g Che	sanca	ike Ci	ity	
		TH Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (a		Acute cord		occlus	ion				INTERVAL BE ONSET AND	DEATH	
	Conditions, if any, which gave rise to immediate course (a), stoting the under OUE TO OUE TO Arteriosclerotic corona ry artery disease With angina pectoris									unknovn			
CERTIFICATION		ER SIGNIFICANT CON		CONTRIBUTING TO DE	EATH BUT	NOT RELATED 1	O THE TERMI	NAL DISEASE CO	NDITION GIVE	N IN PART I	PERFO	AUTOPSY DRMEDZ	
	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY (OCCURRE	D. (Enter nature	of injury in P	art t ar Part It a	f item 18.)				
MEDELAL	20c. TIME OF INJUR Hour a. j., p. m.	19	While at war		fo	ACE OF INJURY clory, street, affi	(Home, form, ce bldg., etc.	20f. (City or t	own)	(Cou	nty)	(State)	
	21. I certify the	ot I attended the une 1	deceas	ed from July 59, and tha	19 t death	occurred a	10	une 15 •M, from th				deceased	
	ACTUAL SIGNATURE	& Reph	A	ndere 1	İk.	M.D		E. Mai	city or town, s	tate)		ATE SIGNED	
	PHYSICIAN'S NAME (Type)	S. RA L	PH A	NDREWS, JI	R., 1	1.D.		Elk	ton, Ma	ryland			
220	BURIAL, CREMATIO REMOVAL (Specify)	6/18/19		Bethel		etery		Nr. Ch	(City, town, or	**	ity, I	ie) Id.	
23.	FUNERAL DIRECTOR		Ď	ADDRESS			240. REC'E	BY REGISTRAR	24b. REGIST	RAR'S SIGN	ATURE		
Pi	nnin Fun	eral Home	Jonas	12 El	ktor	i, lid.	DATEJU	1 2 2 '59	Chil	hung S. H	ind		

may be retained by the hospita or attending physician.

TO FUNERAL D. TOR: After the histories has been signed by the attending physician and camping filled in by the filed with page 3 shauld effected far use as the burial-transit permit. Then please remove corbon papers. The stand 2 shauld be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 15M 9/55



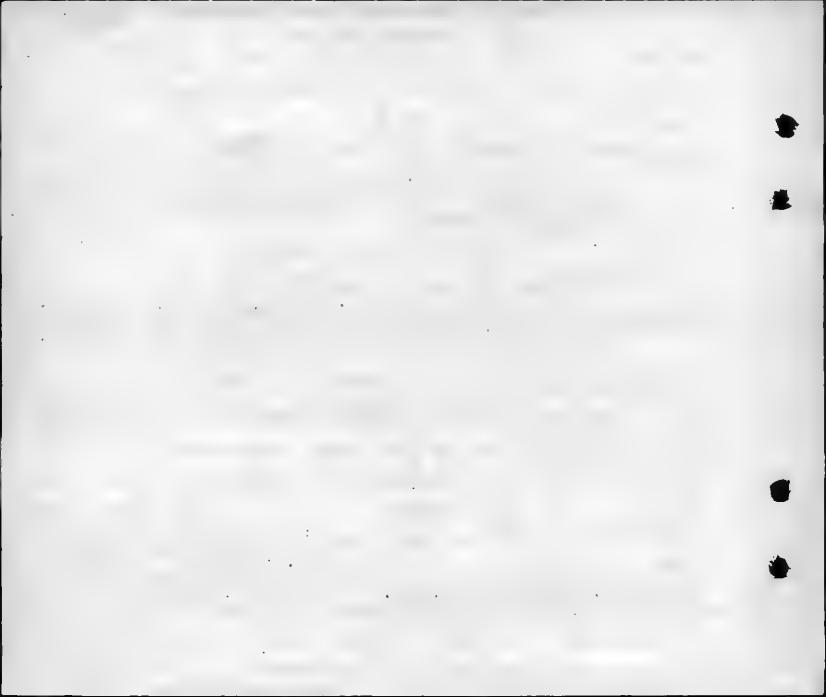
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6661 **CERTIFICATE OF DEATH** unerol director, Id be filed with Į.

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١		U	UL	CLI	X111 1C	All	OI D					Reg. D	ist. No		
	1. PLACE OF DEATH 6. COUNTY CACI	7		A	MARYLAND	o.	SUAL RESIDE STATE aryla		here decease		nstitutio		nce befo	re admiss	ion)
	b. CITY OR TOWN (I	f outside corporate limi	ls, write	c. LENGTH OF	STAY IN 16		CITY OR TO		outside corpo				give ne	arest fow	n)
1	RURAL and give he			Lif	e	2.7	Elkto	n							
_	d. NAME OF HOSPIT	'AL (If not in hospital, s	jive street				STREET AD							e. IS RES	
١	OR INSTITUTION Un	ion Hospi	tal											FARM?	
1	3. NAME OF DECEASED	Fir	st	M	iddle		Last		4. DATE		Mont	th	Do	ly	Year
1	(Type or print)	Willi	am		11.	Co	rride	n	OF DEATH	Ju	ne		12,		19 59
	5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER M	ARRIED	B. DAT	E OF BIRTH			9. AGE (In	years				ER 24 HRS.
Y	Male	White	WIDOWI	ED DIV	ORCED	Ju	ly 20). 1	8 98	60	yrs.	Months	Days	Haurs	Min.
4	10o. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINE	SS OR INDU	JSTRY 1	1. BIRTHPLA	CE (Slote	or foreign c	ountry)		12. CI	TIZEN C	F WHAT	COUNTRY
	75 75 1	CO.		lesearch	1		Mai	yla	nd			Ţ	J.S.	.A.	
	13. FATHER'S NAME					14.	MOTHER'S A	AIDEN I	NAME						
	Frank	Corrider	l				Anns	Co	izer						
	15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURIT	Y NO. 17.	INFORA	AANT				Addr				
	No	(ii)at Ase not a cone of	2	216-05-	3864	lir	s. Gi	ace	S. (Corri	den	i, 3	lkto	on,	nd.
	Conditions, if or gave rise to it carse (a), stating lying couse lost. PART II. OTHER	mmediate buETC the under- content to the und)))) DITIONS (CONTRIBUTING TO	O DEATH BU	T NOT R	ELATED TO 1	HE TERM	INAL DISEAS	E CONDITIC		EN IN PAI	ON!	PERFO	AUTOPSY PRMED2
	OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a. m. p. m.	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Ye	ar 20d. li While	CRIBE HOW INJU	D 20e. Pl	LACE OI	F INJURY (He treet, office)	ome, farn	n, 20f. (Cih	or town)	16.)	((County)		(Stole)
		at Lattended the		ed from Jul		h occu			M, from	n the cou ireet, city or Street	ses a	nd an i		te stati	decease ed abave ATE SIGNE
1	PHYSICIAN'S NAME (Type)			ws , Jr.						n, Mar	<u></u>				
	220. BURIAL, CREMATIO REMOVAL (Specify) BURLAL	6/16/59		Gilpin				ial	Park,	TION (C.by. Elk			1.	(Stat	e)
	23. FUNERAL) DIRECTOR	S SIGNATURE	· Ka	ADDRESS 221ktor	n, Md				D BY REGIS			TRAR'S SI			

requires that the death certificate be executed within 24 hours ofter death. Page 4 for 2000 the build-transit permit. Then please remove carbon popers cremotion, or removal, and in any event within 72 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low TO FUNERAL DO VS A1S (4) 15M 9/SS

filled in by Foges 1 and 2 s



Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

22a. BURIAL, CREMATION, 22b DATE THEREOF

REMOVAL (Specify) SEMONAL

20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c TIME OF INJURY Year 20d. INJURY OCCURRED o m Not while of work of work

21. I certify that attended the deceased from October 26, 19 38 to June 22

20e. PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, office bldg , etc.)

(County) (Stote)

DATE SIGNED

(State)

195931104417324447467660

ching and the causes and on the date stated above. **ACTUAL**

ADDRESS (Street, city or town, state) A. Hospital . Perry Point . Md .

SIGNATURE PHYSICIAN'S L. GARE NAME (Type)

Clinical Pathologist

22d. LOCATION (City, town, or county).

Crisfield, Maryland 246. REGISTRAR'S SIGNATURE

23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Pennington/& Son. Havre de Grace. Md.

22c NAME OF CEMETERY OR CREMATORY

Crisfield

24g, REC'D BY REGISTRAR DATEJUN 3 0 '59

arthur & Hours

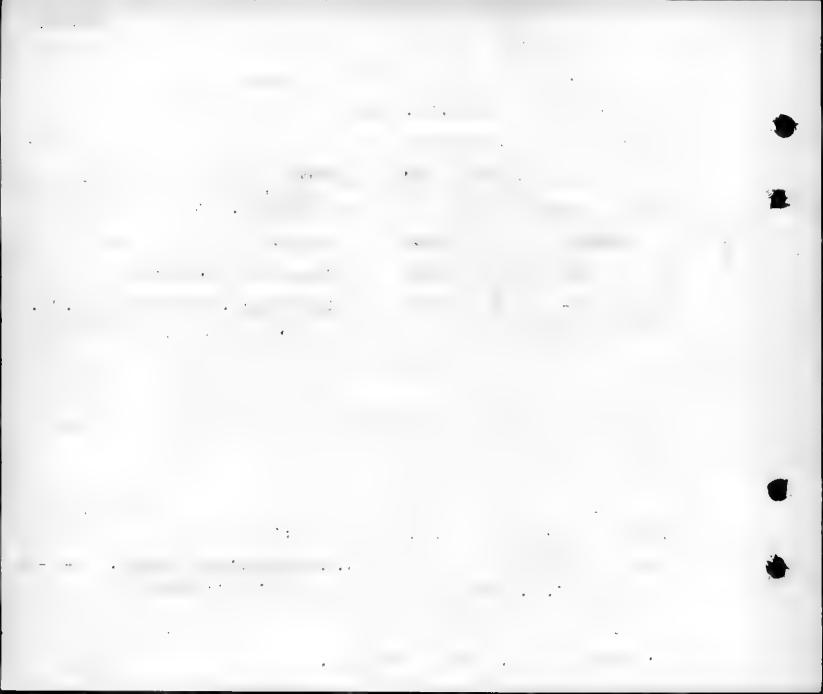
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director

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Filed

VS A15 (4) 15M 9/5B



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6679

CERTIFICATE OF DEATH

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 Dies	Ma	06	

									70	
D. COUNTY	ecil	MAI	RYLAND	o. STATE	ence (who	_	d lived. If institute b. COUNTY			ssion)
b CITY OR TOWN (RURAL and give n	If outside corporate limits,	write c. LENGTH OF STA	Y IN 1b	c. CITY OR TO	OWN (If or	itside carpo	rote limits, write f	RURAL and give	nearest to	wn) y
Perry Po		7yrs5mos	2Ldays		Podo	moke	City	224	2. 1	
	TAL (If not in haspital, give			d. STREET AD					e IS R	ESIDENCE A FARM?
	Administration				604 M	arket				□ NO 5
NAME OF	First	Midd	le	Last		4. DATE	Mor	nth	Day	Year
(Type or print)	ESTHER	E.		DR.YDEN		OF DEATH	June	1	3.	1959
S. SEX		MARRIED NEVER MAR	RIED KOK B.	DATE OF BIRTH			9. AGE (In years		-	7
FRMALE	WHITE W	IDOWED DIVORC	ED 🔲 📵	ctober	21.1	876	lost birthdoy) 82 yrs	Months Do	ys Hour	s Min
On. USUAL OCCUPATI	ON (Give kind of work don	e 106. KIND OF BUSINESS					ountry)	12. CITIZEN	OF WHAT	COUNTR
Nurse	king life, even if retired)	Registered		Ma	rvlan	d		USA		
3. FATTETSINTMEM		THOSE DOOR OR		14. MOTHER'S				1 O Care		
THIMBI.TH	DRYDEN			LYDIA	CANNO	N				
S. WAS DECEASED EVE	R IN U. S. ARMED FORCES	S? 16. SOCIAL SECURITY N	O. INF	ORMANT	0211110	7.6 %	Add	iress		
(Yes, no, or unknown)	(If yes, give war at dates of service TNUI—T	Unknown	Una	nital R	ar ord	s TA	_Hospita	Dam	v Poi	nt 1
		per line for (a), (b), and (c		INTOOL IL	.CCCL G	V 122	1100001000		NTERVAL	
	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)			hilator	an] 111	Fores	red	ć	INSET AN	ID DEATH
		Broncho-pneu	monia	DILLater	me in	ILESOT	vea	-	24-46	hrs
4.20.0	DUE TO	1 - 1 1	13 a YY.	and Dia					Unka	103/71
Conditions, if o	mmediate	Arteriosclero	DETC H	eart Dis	ease				Ollina	201733
couse (a), stating										
lying couse lost.							/			
5 PART II. OI		TONS CONTRIBUTING TO D		OI KETATED TO	THE FERMIN	ANT DIREAS	E CONDITION GI	AGULINI PAKT 10	PERF	FORMED?
		neralized, se					11 - 5 10 1		YES [3 6 NO [
OR CONTRIBUTING	AS UNDERLYING [] 20 G CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY	OCCURRED.	(Enter noture of	injury in P	art I or Par	I If or item 18.}			
20c. TIME OF INJUI	RY Month, Doy, Year	20d INJURY OCCURRED		E OF INJURY (H ry, street, office			or lown)	(Cour	ity)	(Stot
Hour o, m. p. m.	19	While Not while of work	100.10	ry, sireer, office	blog , ele,	1				
21 L cortifu ti	at Nationaled the de	eceased fram Dece	mher 1	গ 10 বা	to Jii	ne 13	10 5	Querranto	TO THE	COSST
allogyarcycy	VYXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	COSCOCION and the	t dooth o	courred at	3 - 1.OP	k 6		المصالة مسالم الم	man about	and about
Will Deligation	TOTAL DESCRIPTION OF THE PARTY	tases settle and inc	ii dediii d	ccorred di_			treet, city or town,			ATE SIGNI
ACTUAL	Allen	res		_ T7A T7					6-14	_50
SIGNATURE	1 4000	1	M.	D. <u>VA N</u>	าสถาน	dit a LES	erry Poir	LU grille	0-24	=22
PHYSICIAN'S NAME (Type)	J. L. GAREY	,C.D.								
Zo. BURIAL, CREMATIC	N, 22b DATE THEREOF	22c. NAME OF CE	METERY OR	REMATORY		22d LOCA	TION (City, town,	or county)	(5)	tote)
REMOVAL (Specify	6-14-59			PISCOF	AL	POCO:			RYL	
	ESIGNATURATE	ADDRESS				BY REGIST		ISTRAR'S SIGNA	TURE	
The same	TITED AL HO E.	Pocomoke Cit	w. Ma	rvland	DATEUN	1 9 '59	ant	lun S. Has	uA.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed may be retain. If the hospital itending physician.

TO FUNERAL DIMECTOR: After the properties has been signed by the attending physician and comple page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon-papers the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/SB

death. Page 4



1	T	MARYLAND STATE DEPA	RTM	ENT OF HEALTH	-BAL	TIMORE, 18	3	
25 ~		6662 CERTI	FICA	TE OF DEATH	l		Reg. Dist. No	.06661
teral director, be filed with	1.	PLACE OF DEATH d. COUNTY Cecil MARY	rland	2. USUAL RESIDENCE (Who o. STATE Md.	ere deceased		Residence bef	are admission)
uneral		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EIKton	IN 1b	c. CITY OR TOWN (IF or		rate limits, write RUI	RAL and give n	parest town)
by our		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Union Hospital		d STREET ADDRESS				a. IS RESIDENCE ON A FARM? YES NO W
filled in b	3.	NAME OF First Middle DECEASED (Type or print) Gilbert		lost dwards	4. DATE OF DEATH	Month June	- 7	Day Year
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRI Male Colored WIDOWED DIVORCE		Jan. 25, 1887			F UNDER 1 YEA Months Days	R IF UNDER 24 HRS.
nd complete on popular	10	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS C during most of working life, even if retired)		TRY 11. BIRTHPLACE (State		ountry)	12 CITIZEN	OF WHAT COUNTRY
ion and carbon offer de	13	Gilbert Edwards Sr.		14. MOTHER'S MAIDEN N	AME		0.0	sn.
physic emove hours	15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO et. no. or unknown) 1 (If yes, give wor or dotes of service)		Elizabeth FORMANT		Addres		· · · · · · ·
6.4	\vdash	no 155-09-0300		millip Edward	3 40 P	ershing A	ve.Cart	ert, N.J.
e offending en please re nt within 72		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (" " " " " " " " " " " " " " " " " "] /U.S.	ular Ac	cille	ent	0 K	TERVAL BETWEEN ISET AMD DEATH
ed by the mit. The		Conditions, if any, which gave rise to immediate (b) Cesebra /	A	ferrosch.	103	5		Yeug.
E 8		cause (a), stating the <u>under-lying cause tast.</u> DUE TO (c)						
ng physicion e hos been s buriol tronsit removol, and	ICET	CANEMICA, Diabetes me 11 tus	: (Hepato-reno	1/ fo	ilan?) IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO 19-
ficol ficol or or	L CERTIF	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED	. (Enter nature of injury in P	ort 1 or Port	II of item 18.]		
itol or att or use as cremation	MINICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED How a. st. 19 While Not while at work of work	20e. PLA faci	CE OF INJURY (Home, form, lory, street, office bldg., etc.)	20f. (City	or lown)	(County) (Stote)
he hospit R: Affer oched fo buriol, cr		21. I certify that I attended the deceased from June 28 19 9 and that	death	120	1 2 CS			aw the decease
2 g 2		ACTUAL Wallow Olimpain				reet, city or town, st		DATE SIGNE
AL Dispersion of the bould in the prior		PHYSICIAN'S WALLACE (9 BENSHA)	1	CECIT	~ ~ ~	MD.		
may be refo FUNERAL page 3 shou the registrar	22	O. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEME				ION (City, town, or Cilton	caunty)	(Stote)
VS A15 (4)	23	FUNDERAL DIRECTOR'S SIGNATURE ADDRESS MUNICIPALITY	K.		BY REGISTI	RAR 24b. REGISTI	RAR'S SIGNATU	JRE
19111 27 00		1			0.00		7 20 7 00 00	

Cerebro-vasalar Peci.

11. tus (Hepoto-renol faile.

125 Be 200 26 July 26.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **6663 MEDICAL EXAMINER'S CERTIFICATE OF DEATH** cremation, Reg. Dist. No. 4 should b PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY 114 **b.** COUNTY Cecil MARYLAND Cecill. farvland Page b. CITY OR TOWN III outside corporale limits, write RURAL c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town? -Daga Elk Mills Ellston 0 e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A. STREET ADDRESS 099 ON A FARM? YES NO TE Union Ecsnital NAME OF First Middle 4. DATE Lost Month Year Day DECEASED 19 59 6 (Type or print) Ellen Forester DEATH Marv S. SEX 9. AGE th years IF UNDER TYEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH Months Min. Doys Hours 1-9-1888 WIDOWED TO DIVORCED [71 yr. retain 2 with 10g, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo U-S-Aofter 2, an Johnson Co. Tenn 8 Keeping house Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME May FORRESTER Pages age 5 Scott Head bod Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14. SOCIAL SECURITY NO. 17. INFORMANT Give Elkton. Dehver Forrester. PM3 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), i INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Gerebral mesimat Accident Conoary Occlusion farm IMMEDIATE CAUSE (o) olang with far **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying couse lost. pending in D PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19 10 WAS AUTOPSY CERTIFICATION PERFORMED? YES 🖂 NO.E 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) CAUSE OF DEATH. pino 70 Month, Day, Year 20c. TIME OF INJURY 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slate) factory, street, office bldg., etc.) Not while 6. m. at work of work O. M. 21. I certify that I took charge of the remains described above, held an Autapsy , Inspection . Inquiry , and find that ECTOR: Suicide . Natural causes -Accident . Homicide . Undetermined cause . S cate, DATE SIGNED ACTUAL SIGNATUR forwarded 5 FUNERAL ë ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) RaCaDodson 22g. BUR.AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) 0 6-8-1959 Elkton Gemetary farvland Burial Elkton **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Elkton,

JUN 9

arthur S. Kraus

death.

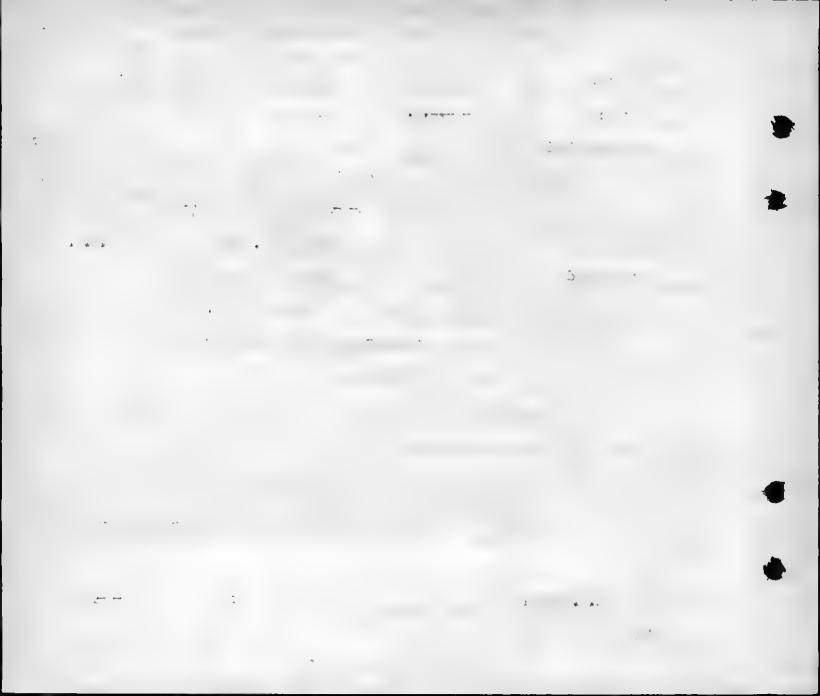
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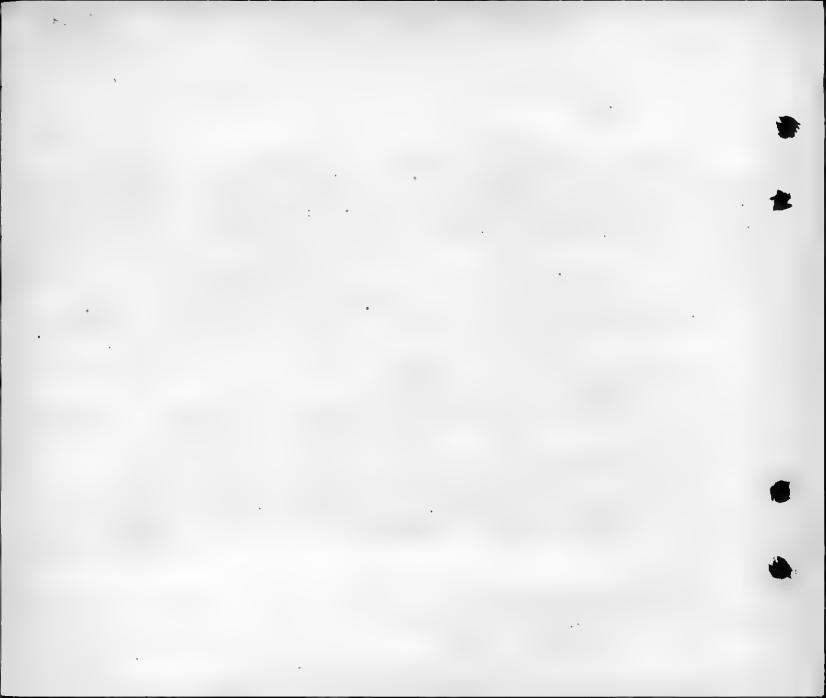
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13

lovin Funeral



	MARYLANI	STATE DEPARTMENT	NT OF HEALTH-BA	LTIMORE, 18		Menn					
	6664	CERTIFICAT	TE OF DEATH		Rea. Dist. No.	16663					
	1 PLACE OF DEATH	Π.	2. USUAL RESIDENCE (Where dece			a admission t					
		MARYLAND	o. STATE Cecil	b. COUNTY	Md.	r dumission)					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rporote limits, write RUR	AL and give near	rest town)					
	Elkton	1 Week	2/ Elkton								
	d. NAME OF HOSPITAL (If not in hospital, give street or institution Union Hoap	ital	d. STREET ADDRESS			ON A FARM? YES NO T					
	3 NAME OF First DECEASED (Type or print)	Middle J.	CROSS 4. DAT	E Month	Day 15	Yeor 19.59					
	S. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years IF	UNDER I YEAR						
	Female White WIDO	WED DIVORCED []	lov. 14,1916		Months Days	Hours Min.					
	100. USUAL OCCUPATION (Give kind of work done 10		11. BIRTHPLACE (Stole or foreig	n country)	12 CITIZEN OF	WHAT COUNTRY?					
	during most of working life, even if retired)	School	Virginia		USA						
13. FATHER'S NAME											
Sinnett J. Justice Lilly Belle Justice											
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. or waknown] (If yes, give wor or dates of service)		DRMANT	Address	•						
	into Dolma Datalis Elkton, Md.										
	1B. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY:	line for (0), (b), and (c).]	ARCINOMA TO:	5,5	INTE!	EVAL BETWEEN					
	175.0 IMMEDIATE CAUSE (e) ///	y or the f	,,, - ,, - ,		C	11010 110)					
	Conditions If any which \	& LCINO MA	of overy		1/2	- MONTHS					
	gove rise to immediate										
	code (a), stating the under-										
	PART 11. OTHER SIGNIFICANT CONDITIONS	SCONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN	I IN PART I(o) 19	WAS AUTOPSY PERFORMED?					
3	CAT					YES NO T					
	PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or	Port II of item 18.)							
		les ou									
	20c. TIME OF INJURY Month, Day, Year 20d. Hour o. m. While P. m. 19	te Not while foctor	E OF INJURY (Home, form, 20f. (c), street, office bidg., etc.)	City or town)	(County)	{Stote}					
	21. I certify that Vattended the deced	ased from 6/10	, 1959, ta 6/1	7	that I last say	w the deceased					
	alive an 6//8 19	and that death a	ccurred at 5110 M. fr	am the causes and	d on the date	stated abave.					
	ACTUAL JEN &	1.0	ADDRESS	(Street, city or fown, sto	ite)	DATE SIGNED					
ı	SIGNATURE	M.I	o. 16400	1 (/ / / / / /	7/.	6/17/5					
1	PHYSICIAN'S NAME (Type)	Fischer	EIKTON	1 Md							
	226. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR C	CREMATORY 22d. LO	CATION (City, fown, or i	county)	(Stote)					
	ReEMOVALISPECITY) 6/19/59		elch, West Vi	rginia							
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g. REC'D BY REC		AR'S SIGNATURE						
	PIP. IN FUNERAL HOME	mad h. Dec Ells	ton, pare JUN 2	2 '59 Ch	Though S. The	ud					



death. Page 4 ely filled in by the funeral director. Pages I and 2 shalld la filed with

may be retain to the haspital standing physician.

TO FUNERAL DINACTOR: After this Schiffcate has been signed by the attending physician and camplete page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, the registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs after death. CTOR: After this

SICIAN: The law requires that the deoth certificate be executed

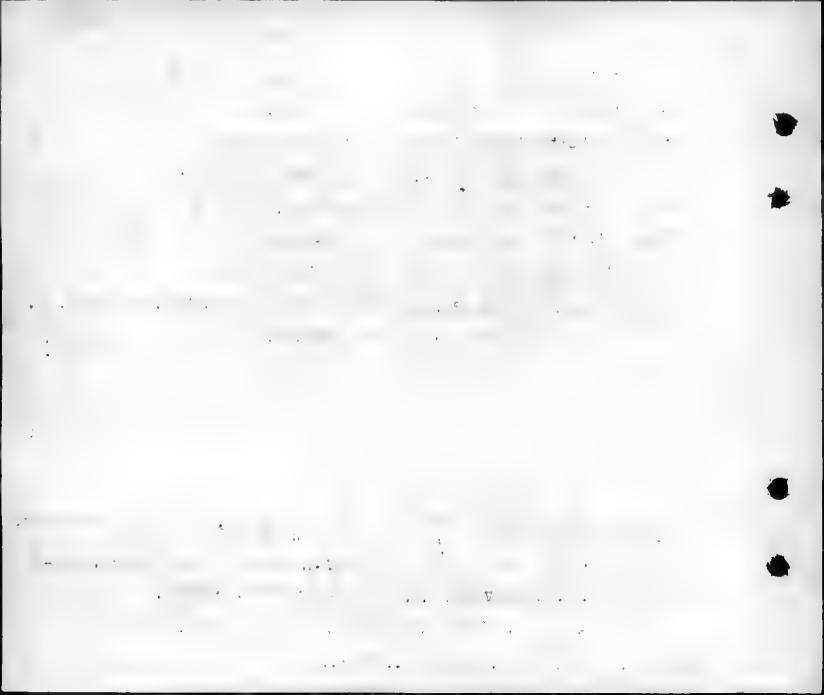
TO HOSPITAL OF

VS A1S (4) 15M 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6680 CERTIFICATE OF DEATH

06664

H											Keg. D	ist. No	. / 4	
1.	PLACE OF DEATH COUNTY	eil			MARYLAND	2, US a.	STATE Haryla		eased live	d. If instituti b. COUNTY	on: Resider	nce befa	re admiss	ion)
┢		If autside carporate limi	s, write	c LENGTH O	F STAY IN 15	C.	CITY OR TOWN (arparate l				arest town	7)
Ι,	RURAL and give n			30 day	Pita			imore		e _a	U	3 23		
H	d. NAME OF HOSPI	TAL (If not in hospital, g	ive streat		8	d	STREET ADDRESS	7231002 4			Y - !	4	e. IS RES	IDENCE
١,	OR INSTITUTION	dministrat					2703 Bake	- Ob-	an et				ON A	FARM?
-				oshrear		1 0								
3	NAME OF DECEASED (Type or print)	WILLIA			J.		GROSS	4. DA OF DE	_	Mon	its.	25 Do	-	Year 1 <i>9</i> 59
5.	SEX	6. COLOR OR RACE	7 MARR	IED I NEVER	MARRIED [B. DATI	E OF BIRTH		9. Ai	GE (In years st birthday)	IF UNDER		1	
	Mal. e	Negro	WIDOW	ED D	IVORCED 🔲	Sep	tember 9.	1919	9 "	39 yrs.	Months	Days	Hours	Min.
L	Truck Di	ON (Give kind of work of king life, even if retired		Unknown			Marylar	nd	gn country	7)	12 CIT		WHATC	OUNTRY?
13.	FATHER'S NAME					14.7	MOTHER'S MAIDEN							
L		Lam Gross			- design		Elizabe	oth S	LBCO					
	WAS DECEASED EVE	R IN U S. ARMED FOR		SOCIAL SECUR		INFORM				Add				
	Yes	WY-II		9 03 34	89 Ho	spit	al Record	ls, V	k Hos	pital	Perr	y Po	dnt,	Md.
	18 CAUSE OF DE	ATH (Enter only one co	use per lii	ne for (a), (b), o	and (c)]								ERVAL BE	
	PART I. DE/	ATH WAS CAUSED BY IMMEDIATE CAUSE (o	Ca	ncer of	the L	iver	(Hepator	m)					DOTO	
	1550	DUE TO									-	2	mth	5.
	Canditians, if a	ing which)												
	gave rise to i	mmediate (-7-	_			
	cause (a), stating lying cause last,	the under-												
z		HER SIGNIFICANT CON		CONTRIBUTING	TO DEATH BU	T NOT R	ELATED TO THE TER	RMINAL D S	EASE CO	NDITION GIV	EN IN PAI	RT 1(a) 1	9 WAS	AUTOPSY
CERTIFICATION													PERFO	NO M
CERTIF	26a ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW IN	JURY OCCURR	ED. (Ente	r nature of injury	in Part Lai	Part It at	item 18.)				
Z V	20c. TIME OF INJUI	RY Month, Day, Yes	20d. II	NJURY OCCUR			INJURY (Hame, fo		(City or to	awn)	((County)		(State)
MEDICAL	Hour a.m.	19	While at worl	Nat while	=	actory, st	reet, affice bldg.,	efc.)						
*		. AA	1					_		50	2	_		
		nat aftended the		_										
	disections	00000000000	ಸಾಧ್ಯಾದ	DOCOCK ON	that deat	h occu	rred at_2:4					e date		
	ACTUAL	11V 9	- {	_11.0	1117					city or town,	*	264		E SIGNED
	SIGNATURE	140000	cra	-0.00	(MI)	_M D	T. A. HO	sp1t8	u, P	erry P	ount	, Ma.	0-2	フーフソ
	PHYSICIAN'S NAME (Type)	J. R. GARO	TA-N	ELEZ.	[_D_		Perry I	oint	Mar	yland.				
220	BURIAL, CREMATIC	ON, 226. DATE THEREC			OF CEMETERY	OR CREM	ATORY	22d. LC	CATION	(City, tawn,	or county)		(Stal	e)
	REMOVAL (Specify	6/3	0/51	* \	imore N				ltima		Mary	land		
1	MINERAL DIRECTOR	S BUGNASUREA	/	ADDRESS				C'D BY RE		24b. REGI			RE	
Z	will so	CONTRACT TO S	4 10	Mal have	- OL	Da3 +	1							
E.	RONGH, N.	ARLSUN, 134	D_RA_	CALION	1.Stag	DALL	o.,Md Pd相	130'5	9	1 Out	1 8. 10	toud		



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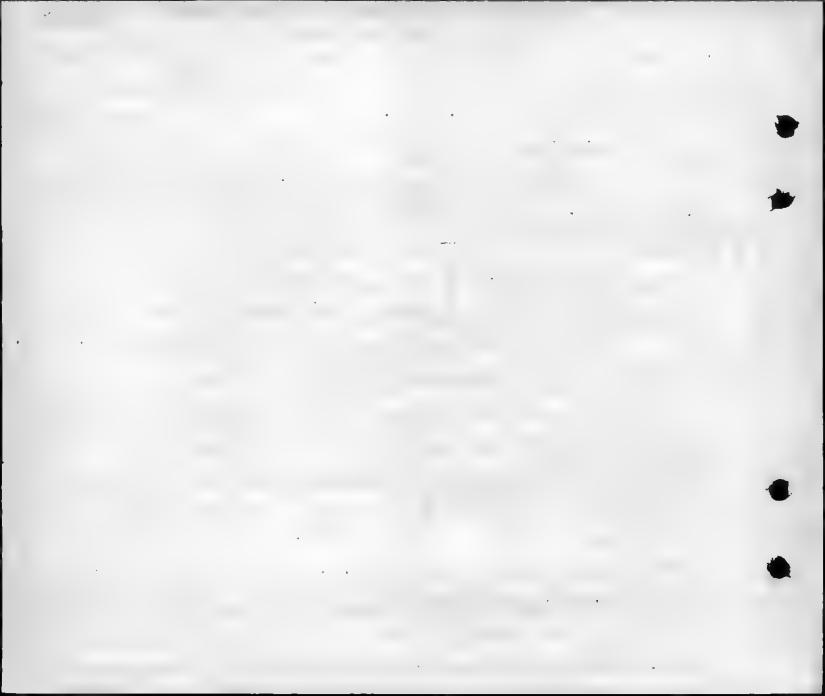
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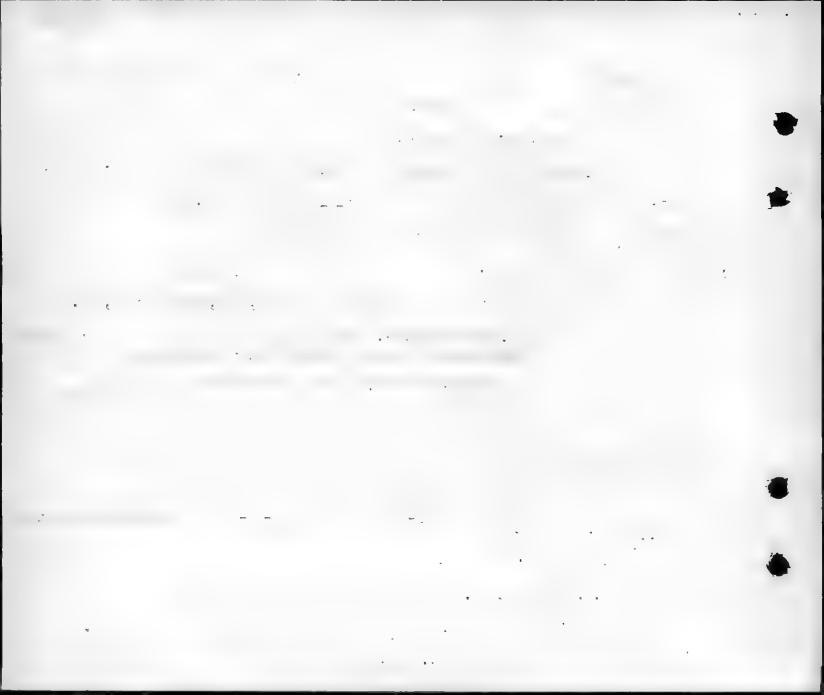


06666

Reg. Dist. No. 96

					•	48. 21511 114.	
1. PLACE OF DEATH o. COUNTY	1	MARYLAND	2. USUAL RESIDENCE (W		If institution b. COUNTYPT	Res dence befor ince Ge	e odmission) Orges
b. CITY OR TOWN (I	f outside corporate limits, v porest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate li	mits, write RURA	AL and give nea	rest town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, give Veterans Admi	street oddress) nistration Hospi	d. STREET ADDRESS			4	ON A FARM? YES IN NO
3. NAME OF DECEASED (Type or print)	BENJAMIN First	Middle WINFIELL	JONES Last	4. DATE OF DEATH	6 Month	21	, Yes
s sex Male	7.70 - 2 A -	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 11-3-93	9 AC los		onths Days	Hours Min.
	ON (Give kind of work done king life, even if retired)	Farming (Own) Maryland	e or foreign country			WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN				
Charles	Jefferson	Jones	Edith(Du	uvall)Jo	nes		
15 WAS DECEASED EVE	R IN U.S. ARMED FORCES (If yes, give war or dates of service	? 16. SOCIAL SECURITY NO.	INFORMANT		Address		
Yes, no, or unknown)	MMT	None F	lospital Recor	ds, VAH,	Perry P	oint, M	d.
		per line for (o), (b), and (c)]				INTE	RVAL BETWEEN
PART I. DEA		ronchopneumonia					To o Lay
	DUE TOAS	piration of fore	eign material	(Food and	l Saliva)	
Conditions, if a gave rise to i			/=				
cause (a), stating		Paralysia' Agita	ans (Parkinson	ian Syndr	one),	IIn	known
lying couse lost.	(c)	SEVERE	IT NOT BUILTING TO SUCTOBLE	Albiai Bissass con	PITITION OF THE PARTY.		
OF PARI II OIL	TER 3 GNIFICANT CONDITI	ONE CONTRIBUTING TO DEATH BE	OF NOT RELATED TO THE TERM	MINAL DISEASE COP	IDITION GIVEN	IN PAKI I(D) IS	PERFORMED?
PART II OTH	CAUSE OF DEATH I	DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I or Port II of	ilem 18)		YES NO 🗌
	MEDICAL EXAMINER)	20.	DIACE OF BUILDING HILL	loor in			
Hour o. m p. m.			PLACE OF INJURY (Home, for factory, street, office bldg, et		wn}	(County)	(Stote)
21. I certify th	at x attended the de	ceased from 7-3-	, 19 36 , to 6	-21-	, 19. 5920	1000000	হাতিক ক'ব কৰা
	000000000000000	DRXX, and that dea	th accurred at 2:358	LM, from the	causes and a	an the date	stated above
ACTUAL SIGNATURE	I Sel	erva	M.D	ADDRESS (Street, o	city or town, stal		DATE SIGNED /21/59
PHYSICIAN'S NAME (Type)	S.P. LA CERVA	, MD., DIREC	ror; professio	NAL SERVI	CES	AND AN GOT SET SET	
220. BURIAL, CREMATIC REMOVAL (Specify) BUTTET	6/24/59	22c. NAME OF CEMETERY St. Barna	or crematory bas_Cemeter;	y Leels	_	ounty) Md.	(Stole)
23. FUNERAL DIRECTOR	s SIGNATURE	ney Mouler		JUN 3 0 '59	1 -	AR'S SIGNATUR	
		/.	/ /				

VS A1S (4) 1SM 9/SB

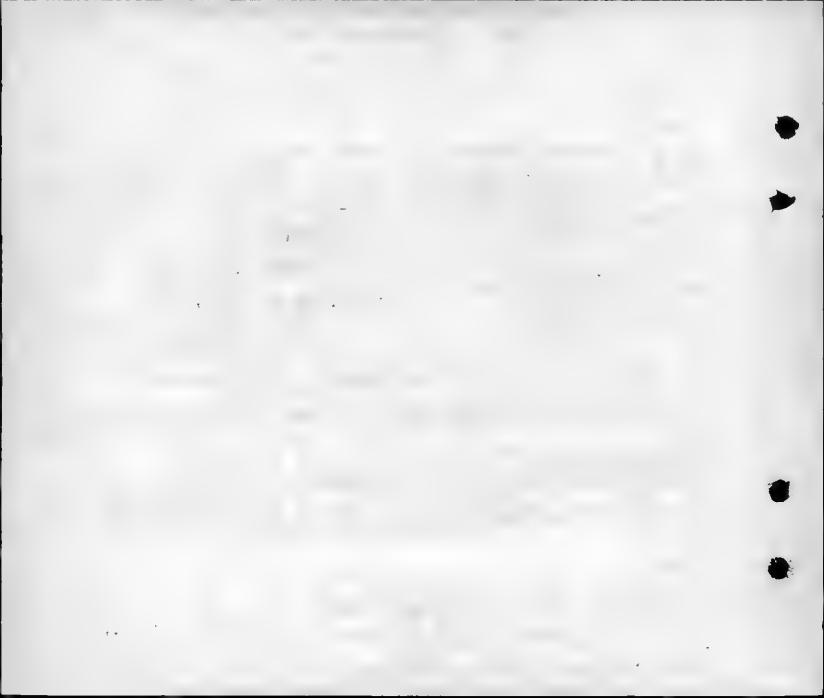


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PHYSICIAN:

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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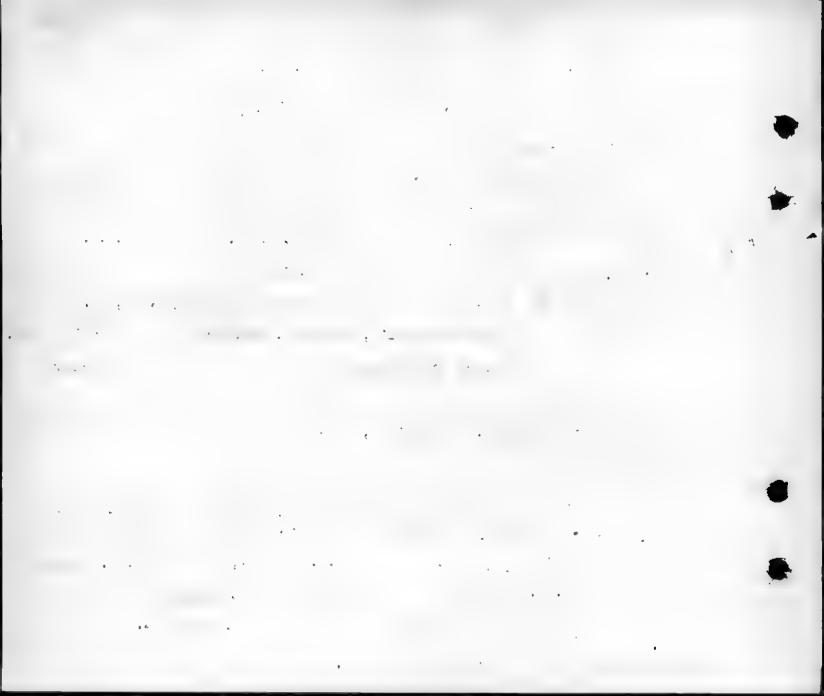
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 116669 6666 **CERTIFICATE OF DEATH** Reg. Dist. No. director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed **b.** COUNTY MARYLAND Ce cri 1 Cecil 771 b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) å RURAL and give nearest town) P Charleston d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO [7] Hosp NAME OF Middle 4. DATE Lost Day Year DECEASED OF (Type or print) DEATH 19.59 6. COLOR OR RACE 7. MARRIED TE NEVER MARRIED 8. DATE OF BIRTH P. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthday) Months Doys Hours Min. Male Whi.te DIVORCED [WIDOWED | YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if ratired) Operator Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rudolph Moore Anderson remove IS, WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address attending Charlestown Md. please CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) 1 mu **DUE TO** Conditions, if any, which] gave rise to immediate **DUE TO** cosse (a), stating the underlying couse lost. ICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Ficate 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. [City or town) Day, Year 20d, INJURY OCCURRED (County) (Stote) foctory, street, office bldg., atc.) MEDI O. m. While Not while of work of work A. that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at 109 M, from the causes and an the date stated above. 8 PADDRESS (Street, city or town, stote) ACTUAL SIGNATURE

22c. NAME OF CEMETERY OR CREMATORY

Cemetery

Elkton

ADDRESS

22d, LOCATION (City, town, or county)

24g, REC'D BY REGISTRAR

DATE JUL 6

Elkton, Maryland

24b. REGISTRAR'S SIGNATURE

arthur S. Krous

(State)

Sprecher

executed PHYSICIAM: The hospital After th ATTENDING RAL D refor FUNERAL I moy O VS A1S (4) 15M 9/55

PHYSICIAN'S Milford

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION,

REMOVAL (Specify)

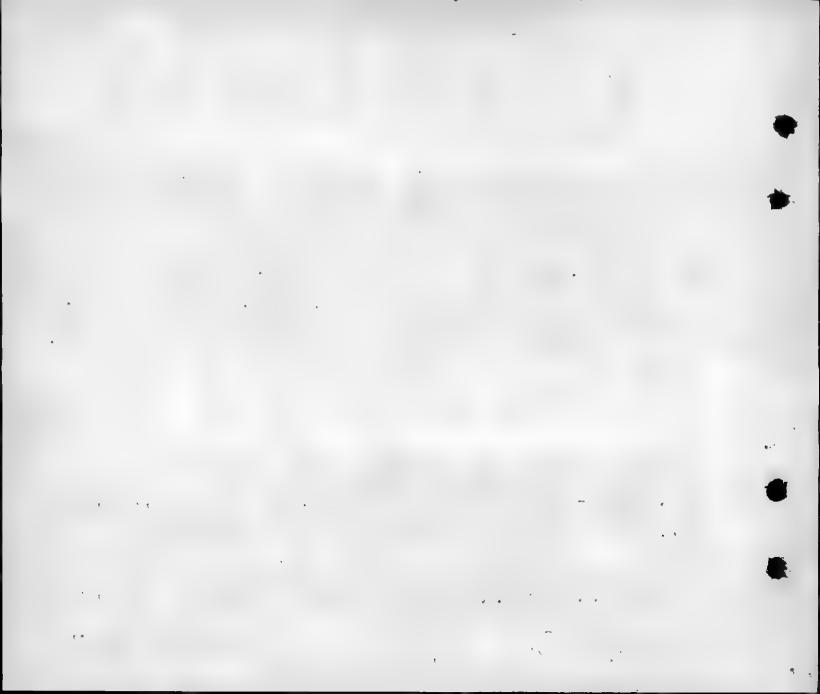
22b. DATE THEREOF

death: Page

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

puo Give writing the MEDICAL DEPUTY cute the forwarde



hours

HOSPITAL



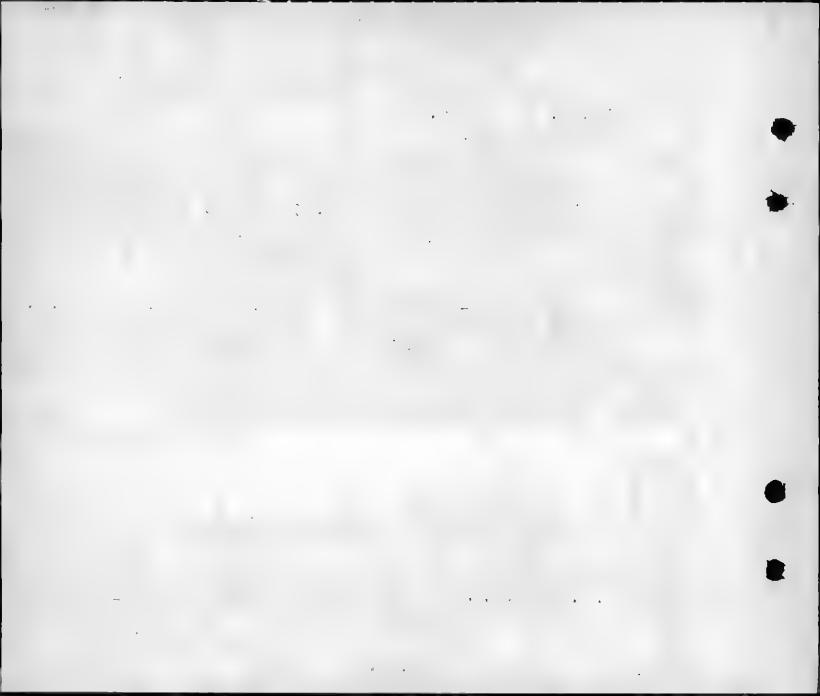
VS. A15ME(5) 5M 9/55

		1		_
please exe-	4 should be		cremation,	/
s caressony,	Page	•	egistrar prior to burial, cre	14
■ny delay i	funeral dire	Ir your files.	registrar pr	
ter death. The	ond 3 to Vi	oe retain	nd 2 with the	
III laurs of	Pages 1, 2,	age 5 may l	le poger	,
AINER: This certificate shauld be emmuted within III Tamrs after death. Hi mny defay is agressary, please exe-	the prd "pending" in pencit in Item 18. Give Pages 1, 2, and 3 to the funeral direct	Office alang with form PM3. Page 5 may be retain. It your files.	auld be used as a burial-transit permit. File pages Land 2 with the reg	
shauld be em	n pencil in II	alang with	a burial-tran	
s certificate	"pending" i	niner's Office	be used as	
AINER: Thi	th pro	dir	je – auko	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6684

0.0	Dist	Ma	96

PLACE OF DEATH					i	2. USUAL RES	IDEMPE A	A/hara dasaw	and the said 165 t	mad The sh	n. Davida	ana haf	ana adai	indead.
o. COUNTY	CTL.			MARYL	AND	Q. STATE			b. CC				ore com	istion
b. CITY OR TOWN (IF	outside corporate limits, write	EURAL	c. LENGT	H OF STAY II			town (I		porote limits,	write R	Ceci		earest to	wnì
Perry Poi	1 -023		Libres	s.15mir	nute			ryvill						,
	L OR INSTITUTION (f not in ho				d.,STREET		A y V July	, 0					ESIDENCE
Veterans Ad						/ A:	lken .	Avenue	3					A FARM?
3. NAME OF DECEASED	Fin	ı		Middle		Lou		4. DATE OF	1	Month		Day	Y	'ear
(Type or print)	WILLIA	M LE	YBURN	PE	RRY			DEATH	Jun	6		7	1	9 59
5. SEX		7. MARRI	ED NEV	ER MARRIED	D 8.	DATE OF BIRTH	1		9. AGE (In yellos)	ors	FUNDER	-		ER 24 HRS.
Male	White	WIDOWE	D 🔲	DIVORCED [] มีข	ily 12,	1909		49	yrs.	Months	Days	Hours	Min,
10a, USUAL OCCUPATION during most of working	N (Give kind of work of life, even if retired)	ione 10b.	KIND OF BU	SINESS OR IN	NDUSTR	Y 11. BIRTHPL	ACE (Stote	or fareign c	ountry)		I2. CITI	ZEN OI	F WHAT	COUNTRY
Carpenter		Ge	neral	repair	rs	No:	rth C	arolin	a		US	A.		
13. FATHER'S NAME REDDEN	PERRY					14. MOTHER'S VIO	MAIDEN I							
15. WAS DECEASED EVE			SOCIAL SEC	URITY NO.	17. IN	FORMANT	······		Ad	dress				
Yes, no, or unknown)	(If yet, give wor or doles of	service) 2	18-18	1991	Hos	pital F	lecor	ds, VA			,Per	ту Г	oint	,M.
	H [Enter only one cou	se per line	for (a), (b),	ond (c).]								INTER	VAL BETWE	EEN ATH
PART I, DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cer	rebral	Hemm	hage	. intr	avent	tricul	ar ri	ght		1	hour	
, 1 X	DUE TO				0									
Canditions, if on	101	Hyc	erten	sion								Ur	iknov	m
gove rise to immed (o), stoling the u														
couse lost.	(c).											<u> </u>		
PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTIN	G TO DEATH	BUT NO	OT RELATED TO	THE TERM	NALDISEAS	E CONDITION	GIVE	N IN PART	1(0) 15	P. WAS	AUTOPSY RMED?
ICAT													ES 😿	NO 🔲
PART II. OTH PART II. OTH One EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	SE WAS TRIBUTING	b. DESCRIB	E HOW INJE	URY OCCURR	ED. (En	ter nature of in	jury in Par	t I or Port II	of item 18.)					
3 20c. TIME OF INJUR	Y Month, Day, Yea	r 20d.	INJURY OCC	URRED 20e	- PLACI	E OF INJURY (lome, farm	, 20f. (City	or town)		(Cou	nly)		(State)
20c. TIME OF INJUR	19	White	e Noi ork or w	while	foctor	y, street, office	bldg., etc.	1				••		, ,
	at I took charge				ahov	e held on	Autone	v 🖼 1:	rspection	ल	Isavie	. 153		find that
	from: Natural								ndetermine		''	<u> </u>	una) IRIUL TRO
1	1) 60		011 1	201	/	, n	omiciae	, LI, 0	nuciciliin	a co	iose [_]	•		
ACTUAL V 4	MI	0	CEN	er	_	M.D. CHIEF M	EDICAL EX	CAMINER 🔲					DATE S	ISNED
EXAMINER'S T	a renec	at at	D			ASSISTA	NT MEDIC	AL EXAMINE	R 🔛					
NAME (Type)	. C. DODSO						MEDICAL	EXAMINER [6-7	-59		
220. BURIAL, CREMATION REMOVAT (Specify)		F		OF CEMETER					TION (City, to				(State	e)
Removal	6-8-59				10	Furnac			ncipi					
23 FUNERAL DIRECTOR	OTTUK A MUL	4 /011	ADDR					D BY REGIST			RAR'S SIG		_	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE SON R. S	50	errvy	ille.	Md.		DATE	W 1 0 '5	9 '	Carri	met 2	Please	a.	



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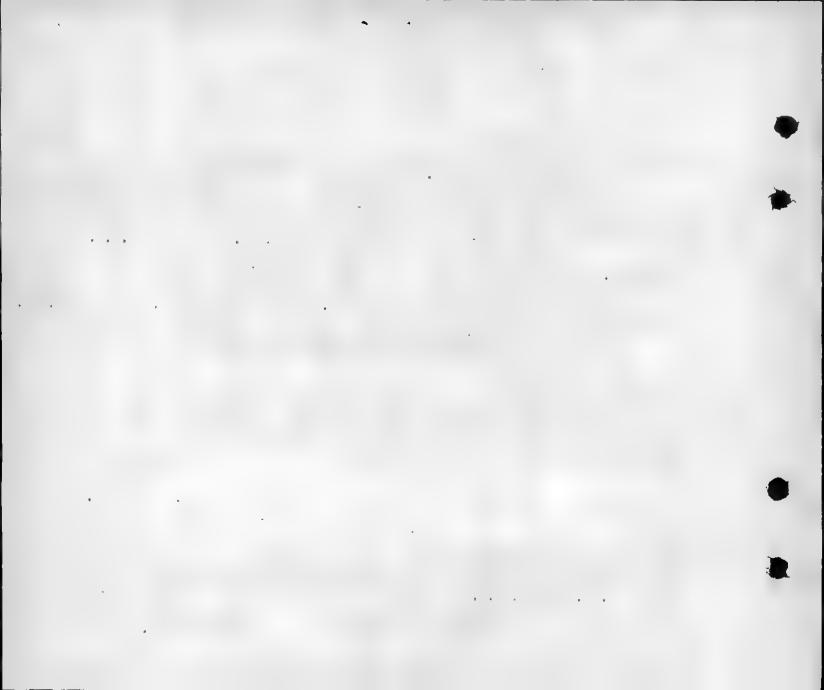
VS. A15ME(5) SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6685

06673

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Cecil		MARY	LAND	2. USUAL RES	Maryl		ed lived. If Insli b. COUN	lution: Resider		odmission)
b. CITY OR TOWN (II o	ularde corporate limits, write Rt	JRAL (C. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If	outside cor	porate limits, writ	e RURAL and	give near	rest town)
Perry Poir	nt		8 davs		X	North	East				
	L OR INSTITUTION (If n	ot in hospit	al, give street addres	8)	d. STREET	ADDRESS				0	. IS RESIDENCE
Veterans Ad	dministratio	n Hos	spital.		1	Rural	L Deli	very		1	ON A FARMS
3. NAME OF DECEASED	First		Middle	_	Looi	ē.	4. DATE OF	Man	th	Day	Year
(Type or print)	Drenerd		A.	Rej	nolds		DEATH	June		7	19 59
S. SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRIED	8.	DATE OF BIRTH	4		9. AGE (In yours lost birthday)	IF UNDER 1		UNDER 24 HRS.
Male	White v	IDOWED [DIVORCED		7-24-25	5		33 yrs		Pays H	ours Min.
10a, USUAL OCCUPATION during most of working	N (Give kind of work dor life, even if relired)	10b. KIN	ID OF BUSINESS OR	INDUSTR	Y II. BIRTHPL	ACE (State	ar foreign c	ountry)			VHAT COUNTRY?
Agent			surance		Perry	yville	, Md.		U.	S.A.	
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
Drenerd M.	Reynolds				Berth	na Hev	rerin				
15. WAS DECEASED EVER	NU. S. ARMED FORCE		CIAL SECURITY NO.	17. IN	FORMANT			Addres	iā.		
Yes	WW II	Not	ascertain	able	Hosp.F	lecord	ls, VA	Hospita	l, Per	ry P	oint, Md
18. CAUSE OF DEATH	Enter only one cause	_								+NTERVAL	L BETWEEN ND DEATH
PART I. DEATH	WAS CAUSED BY:	Bill	liary Peri	toni	tis tra	aumati	c liv	er due		ONSE! W	ND DEXIH
523x	DUE TO		upture of							16	days
Conditions, if any											
gave rise to immedi	ate couse						-				· · · · · · · · · · · · · · · · · · ·
(a), stating the ur	(c)										
Z PART II. OTHE	R SIGNIFICANT CONDIT	ONS CON	TRIBUTING TO DEATH	1 BUT N	OT RELATED TO	THE TERMI	NALDISEAS	E CONDITION G	IVEN IN PART		
PART II, OTHE 20g. EXTERNAL CAUS PRIMARY PA or CONT CAUSE OF DEATH.											PERFORMED?
20g. EXTERNAL CAUS PRIMARY EXPOR CONT	E WAS 20b.	DESCRIBE H	IOW INJURY OCCUR	RED. (Er	ter nature of in	jury in Part	1 or Part II	of item 18.)			
	KIBUTING L	Automo	obile hit	a ti	ree						
3 20c. TIME OF INJURY				Oo. PLAC	E OF INJURY #	Home, form	, 120f. (City	or lown)	(Cour	nty)	(State)
20c. TIME OF INJURY	5-22 19 5	9 while	Not white	RT	y, street, office	bidg., etc.,	Nort	h East,	Cecil,	Md.	
	at I took charge o			abov	e, held an	Autopsy	/ [X], II	nspection [2	5 Inquiry	, Pq. c	and find that
	from: Natyral ca							ndetermined			
I A	Of Kel	0 /	1 0000	,	-						
ACTUAL SIGNATURE	NUNC	LW,	RUM		M.D. CHIEF N	AEDICAL EX	AMINER			D	CEMBIS STA
						NT MEDICA	AL EXAMINE	R 🔲			
EXAMINER'S R	. C. DODSON	, M.D.	•		DEPUTY	MEDICAL E	EXAMINER E		6-	-7-59)
220. BURIAL, CREMATION REMOVAL (Specify)	226. DATE THEREOF	22	c. NAME OF CEMETE	RY OR	REMATORY		22d. LOCA	TION (City, town,	or county)		(State)
6-7-59 re	moval		North East	Ce	netery		Nort	h East,	Md.		
23. FUNERAL DIRECTOR'S		\ -	ADDRESS		1	240. REC'I	8Y REGIST	RAR 24b. REG	ISTRAR'S SIGI	NATURE	
7002poliv	1 grown	ion	the Cash,	ma		DATE	19. 751	a a	12mg 8. 4	Gall	



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6686 CERTIFICATE OF DEATH

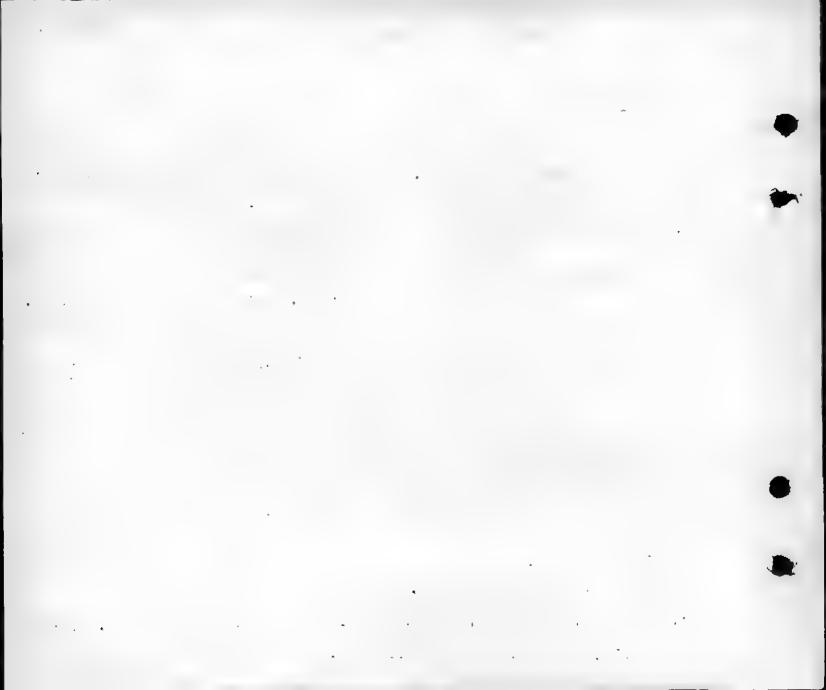
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Ren	Dist	No	

1 PLACE OF DEATH				1	2. USUAL RESIDENCE	CE (Wh	ere decepsed lived	. If institution	Residence b	efore odmi	ssion)
o. COUNTY	Cecil		MARYLAI	ND	o. STAT Mar	yla	nd	. COUNTY	Cecil		
b. CITY OR TOWN RURAL and give	(If outside corporate him neorest fown) OPOSIC	its, write	c. LENGTH OF STAY IN	16	_	. ' _	utside corporole lir	nits, write RUR	AL ond give	rearest tow	vn)
d. NAME OF HOS OR INSTITUTION	PITAL (If not in hospital, (give street (oddress)		d. STREET ADDR	RESS				ON.	SIDENCE A FARM?
3. NAME OF DECEASED	Fit and the same of the same o	rst	Middle A		Losi		4. DATE OF	Month June		Day	Year
(Type or print)	Mary	1-	A.	_ 1.	Stewar	Ե	DEATH			7 9	19 59
Female	Colored	WIDOWE	NEVER MARRIED DIVORCED	_	7- 2-6-	-18	73- 1		UNDER 1 YE		-
10a USUAL OCCUPAT	TION (Give kind of work	done 10b.	KIND OF BUSINESS OR I	NDUST		` _	or foreign country)		12. CITIZEN		COUNTRY
House W	orking life, even if retired	<i>'</i>			Mar	yla	nd		U.S	.A.	
13. FATHER'S NAME			4		14. MOTHER'S MA						
	orge Blac				Han	nah	Brown				
(Yes, go, or unknown)	VER IN U.S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO.		FORMANT	C.	de a communida	Address		1 -	
	<u> </u>		None	П	orace A	, D	ewart	Port	Depo	sit,	Mag.
	EATH [Enter only one co EATH WAS CAUSED 8Y:	ouse per lin	ne for (o), (b), and (c).]		-		0./			NTERVAL B	D DEATH
111158	IMMEDIATE CAUSE (c	_	11/40000	- de-	×-5 c	fe	3-/0-	ŧ		2/11/	r-S .
4457	DUE TO	, 4	11/ 6 3	,	100	7	Vascolo.	D.	020	10	
Conditions, if gove rise to	immediate)	Alaca 1600 -	. K. !				3	0.20	10/	-10
couse (o), stolin lying couse los											
			ONTRIBUTING TO DEATH	1 BUT N	OT RELATED TO THE	ETERMI	NAL DISEASE CON	DITION GIVEN	IN PART No	1 19 WAS	ALTOPSY
CATIO				**						PERF	ORMED?
(IF EITHER, NOTIF	VAS UNDERLYING A G CAUSE OF DEATH FY MEDICAL EXAMINER)	20b DESC	CRIBE HOW INJURY OCC	URRED.	(Enter noture of inj	ory in F	art I or Post II of	item 18.)			
20c. TIME OF INJE Hour o. m p. m	10	ar 20d. It While ot work	Not white	e. PLAC focto	E OF INJURY (Homory, street, office bld	e, farm lg., etc.	20f. (City or tov	vn)	(Coun	ty)	(Slote
21. I certify	that I attended the	decease	ed fram Jons	5	. 19 <u>%6</u> , to	<u>60</u>	ne 7	, 19.23th	at I last s	aw the	deceasec
alive an	ments	19.5	5, and that de	eath o	accurred at 6	: P	M, fram the c	auses and	an the do	ite state	d abave
ACTUAL	7/1/	///	8		1	2	ADDRESS (Street, c	ity or town, sto	jei /	DA	TE SIGNED
SIGNATURE	1/ Keel	yar	es far	M	.D	10	1/183	. / h	ref	6/8	155
PHYSICIAN'S NAME (Type)	Dr. G.H.	Rich	ards Jr.	-							
220. BURIAL CREMAT			22c. NAME OF CEMETER	RY OR	CREMATORY		22d. LOCATION (,,	{Sto	ote)
Lucia La	^{γι} 6-10-3	L959	Cokesbur	y C	emetery		Port D	eposit	, Md.	. Ru:	ral
23. FUNERAL DIRECTO	R'S SIGNATURE	- 4 4 /	ADDRESS Paratraril'	10	A		BY REGISTRAR	24b. REGISTR			
Seleta Tal	Brion TS	TWV,	Perryvil	те,	DA DA	TEJUN	1 1 0 '59	arth	1 8. Ku	44	

the attending physician and cample? Then please remove carban papers, event within 72 hours and death. SICIAN: The law requires that the death certificate be executed ģ rending physician.

TO HOSPITAL TO MAY be retain to FUNERAL DEFINATION OF THE PARTY OF THE PARTY PRIOR TO THE PERSON OF
VS A15 (4) 15M 9/58



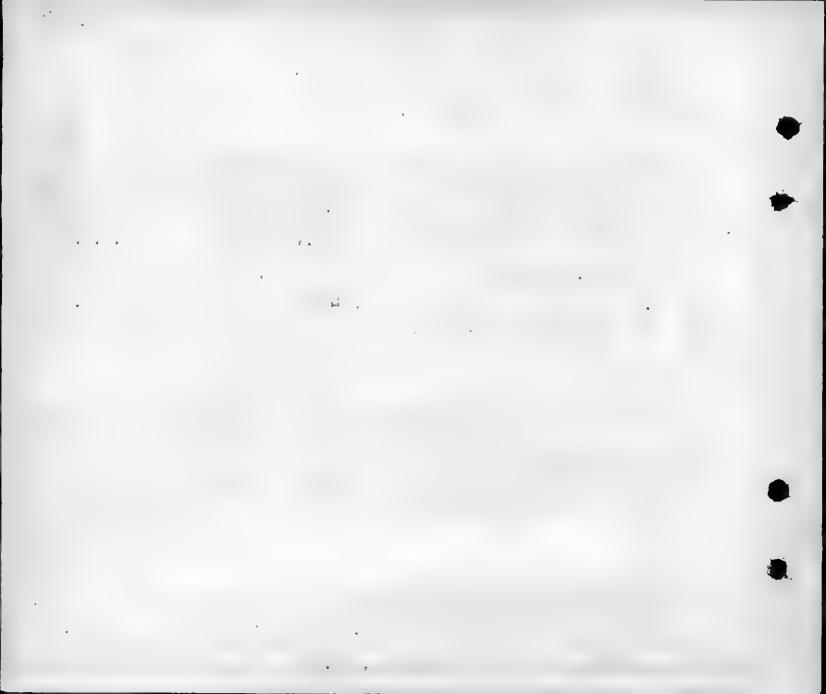
VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6687 CERTIFICATE OF DEATH

8 116675 Reg. Dist. No.

1.	E COUNTY FLACE OF DEATH	MARYLAND	2 USUAL RESIDENCE (WHO o. STATE MD.	ere deceased lived. If instituti b. COUNTY	ian: Residence before admission)
C	b. CITY OR TOWN (If outside corporate limits, write SURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits, write R	RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give stre OR INSTITUTION	et address)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO E
3	NAME OF DECEASED (Type or print) Marian H	Middle aviland	Tatum	4. DATE Mor	1th Day Year 26 1959
Ĺ	Female White WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Feb. 4, 1869		IF UNDER 1 YEAR IF UNDER 24 HFS. Months Doys Haurs Min.
L	a. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) Housewife	Estired?	wonn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
	FATHER'S NAME Morritt N. Havilan WAS DECEASED EVER IN U. S. ARMED FORCES?		Lydia I	M. Haviland	ress
ň	es. no. of unknown) [If yes, give wor or dates of service)		2.4		olora,Md.
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	line for (a), (b), and (c))	e Sele	roris	INTERVAL BETWEEN ONSEP AND DEATH
	Canditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying</u> cause lost.	Chrone	i - Rela	ordes	6 yrs.
CERTIFICATION		S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
		ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	Part or Part of item 18.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d Hour a. se. 19 Whi at w		ACE OF INJURY (Hame, farm ictory, street, affice bldg., etc.	20f. (City or town)	(County) (State)
	21. I certify that I ottended the decertified on 12 12 12 12 12 12 12 12 12 12 12 12 12	A, and that death		Λ	That I last saw the deceased and on the date stated above.
	PHYSICIAN'S CARLING TO MAME (Type)	E 1. BL 136.	M.O	1116	J 6/27/2
22	REMOVAL (Specify) Birial 6/20/1950	Woodside C		22d. LOCATION (City, town, Brinklow	or county) (State) Md.
23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Riging Sur	24a. REC'I		STRAR'S SIGNATURE



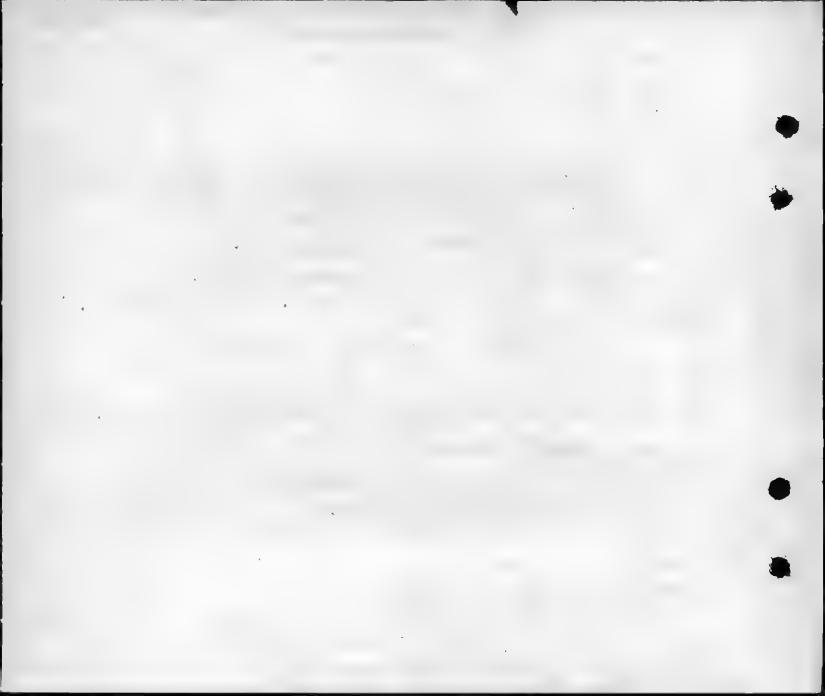
VS A15 (4) 15M 9/55

ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
6669	CERTIFICATE	OF	DEATH	

M

CERTIFICATE OF DEATH

	G-KITTO,	TE OF BEATH	Reg. Dist	. No.
1. PLACE OF DEATH 6. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE Maryland	b. COUNTY	before admission)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo		ve nearest tawn)
RURAL and give nearest town)	50 years	3/ Elkton		
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 513 North Str	oddress)	d STREET ADDRESS 13 North Street	t	6. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Middle W. U.L.	Lost 4. DATE OF DEATH	Month	Day Year
F Wh. WIDOWE	DIVORCED	JULE 31, 1875	lost big hdoy) Months [YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	KIND OF BUSINESS OR INDUS Touse Wife	TRY 11. BIRTHPLACE (Stote or foreign of	country) 12. CITIZ	EN OF WHAT COUNTRY
13. FATHER'S NAME	30000	14. MOTHER'S MAIDEN NAME	1	
William Gray		Addelaide Wa	allace	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16: 1781, no. or unknown] (If yes, give war or dates of service)		HORMANT Largaret P. Bide	26 Address Ma	ain St.
Conditions, if ony, which gove rise to immediate case (o), stoting the under-lying couse last.	8			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO 4
	CRIBE HOW INJURY OCCURRED). (Enter nature of injury in Part I or Par	t II of ilem 18.)	
20c, TIME OF INJURY Month, Day, Year 20d, IN Hour c. m. 19 ul work	Not white foc	CE OF INJURY (Home, form, 20f. (Circlery, street, office bldg., etc.)	y or town) (Co	ounty) (State)
21. I certify that I attended the decease alive an 19.3' ACTUAL SIGNATURE AND HOLD	7)		the causes and an the causes are town, state)	ist saw the decease date stated above DATE SIGNE
220 BURIAL CREMATION, 226 DATE THEREOF REMOVAL (Specify) June 29, 195		CREMATORY 22d. LOCA	TION (City, town, or county)	(Stote) Maryland
23. FUNERAL DIRECTOR'S SIGNATURE Pippin Funeral Home Do	nolf/h. Dee	Md. DATE JUN 3 0	159 246. REGISTRAR'S SIGN	



TO FUNERAL DE POSSES 3 shauld yet the registrar prior t

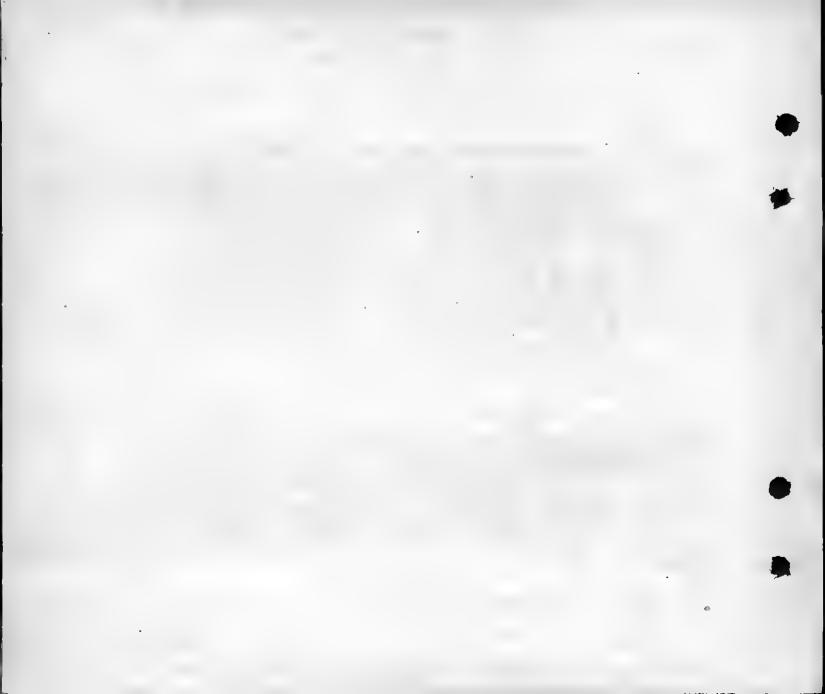
VS A1S (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6670

CERTIFICATE OF DEATH

#6677

					Keg. Dis	t. No.
1. PLACE OF DEATH o. COUNTY Cecil	MARYLAND	2. USUAL RESID	ENCE (Where decear	ed lived. If a b. CO	nstitution: Residence	e before admission)
b. CITY OR TOWN (If outside corporate limits, write c. LENG	GTH OF STAY IN 16		DWN (If outside corp			ive nearest town)
RURAL and give represt town) Elyton L:	ife	A/Elkt	•			
d. NAME OF HOSPITAL (If not in hospital, give street oddress)	110	d. STREET A				e 15 RESIDENCE
OR INSTITUTION		/	North St			ON A FARM?
Union Hospital						YES NO
3. NAME OF DECEASED (Type or print)	r	kesse l u ltos	4. DATE OF DEAT	Ma.	Month	Day Year
5. SEX 6. COLOR OR RACE 7. MARRIED X	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In	years IF UNDER	YEAR IF UNDER 24 HI
Male White WIDOWED	DIVORCED	April 2	26. 1900	lost birth	yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND QI	E BUSINESS OR INDUS			country)	12. CITI	ZEN OF WHAT COUN
during most of working life, even if refired)	Del. emance		yland		T	J.S.A.
Carpenter Maint	· G maric C		MAIDEN NAME	**		7 6 0 41-1
			ie Davi			
William Warmkess 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL		FORMANT	TIE Day I	3	Address	
I'Ves no or unknowns a 418 was must use as dates of corners	0490	_		_		26.7
No Par-Ul	L-3420 _{N'r}	s. Bess	sie Warm	kesse.	r, Elkr	on, Md.
18. CAUSE OF DEATH [Enter only one couse per line for (o)). (b). ond (c).]		0			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	eral S	Jenno	whose			1
DUE TO		3				1
Conditions, if any, which) (b)	hal and	222220	hard h	~		7
gove rise to immediate (DUSTO						
costs (a), stating the under-						
, (6)	LITING TO DEATH RUT	NOT PELATED TO	THE TERMINIAL DISE	SE CONDITIO	IN GIVEN IN PART	161 19 WAS AUTOPS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 2009. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	51.11.0 DENIII	NOT KEDAILD TO	THE TERMINAL DISEA	ist contino	THE OFFICE HAT ARE	PERFORMED? YES NO
	OW INJURY OCCURRED). (Enter nature of	injury in Port I or P	ort II of item 1	8.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY O While No of work of ot work of	CCURRED 20e. PLA	CE OF INJURY I	ome, form, 20f. (C	ity or town)	(C	ounty) (Sto
Hour a.m. 9 While No ot work of	to satering — I	tory, street, office	bldg., etc.)			
		20 6/8		4 .	30	
21. I certify that I attended the deceased from		, 1922	la 3	T, I'	94 T, that I le	ast saw the deced
alive on present 123	, and that death	accurred at:	/ // .			e date stated abo
2			# ADDRESS	Street, city or	town, stote)	DATE SIG
SIGNATURE A. HOSPICO CO.	<u>/</u>	W.D. ,	Z LLal	12	(, 0,0	c-41 m
PHYSICIAN'S NAME (Type)		100000000	· · · · · · · · · · · · · · · · · · ·) ``
	IAME OF CEMETERY OF	CREMATORY	22d. tOC	ATION (City,	lown, or county)	(Stote)
REMOVAL (Specify)	kton Ceme	eterv		lkton		(2.2.5)
23. FUNERAL DIRECTOR'S SIGNATURE	OORESS		24a. REC'D BY REGI		REGISTRAR'S SIG	NATURE
Touble & Wicker B	lkton, Mc		_		Civiling S.	
HELLES, TECKE			DATEJUN 2 2	22	encount de.	/ VUILLE



Page 4 should be If ony delay funeral dire TD DEPUTY MEDICAL EXAMINER: This cartificate should be executed milling thous ofter leath, cuts the certificate, writing the rand production of the standard o

]	cremation	X	
	o burial,		
es.	prior to		
your file	egistror		
Ö	the land	_	
retain	是		
y be	and		
 Poge 5 moy be retained 	File poges 1		
W.	- - -		

X

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6688 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06678

								Keg, Dist. I	Na.
PLACE OF DEATH				2. USUAL RE	IDENCE (Where deceased	lived. If institut	ion: Residence l	before admission)
	Cecil		MARYLAND	G. STATE	Mdi		b. COUNTY	Cecil	
b. CITY OR TOWN (III	f outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OF	TOWN (f outside corpore	ota limits, write	RURAL and give	neorest town)
ELKTO			20vrs	× ET	KTON	R.D.	2.		
		not in hos	pital, give street address)	d. STREET		9			e. IS RESIDENCE ON A FARM?
	,			2					YES NO
3. NAME OF DECEASED	First		Middle	Los		4. DATE	Month	Do	y Year
(Type or print)	GEOR	GF.	WT	LLIAMS		OF DEATH	6	2	5 19 59
5. SEX	6. COLOR OR RACE	7. MARRIE		DATE OF BIRTH		9	AGE (In years	IF UNDER TYEA	R IF UNDER 24 HRS.
M	C	WIDOWE	DIVORCED	11-23	_ 19	02	56 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATIO	ON (Give kind of work d	one 10b. K	IND OF BUSINESS OR INDUST	Y 11. BIRTHPL		or foreign coun		12. CITIZEN	OF WHAT COUNTRY?
Labore	ig life, even if retired)	G.	ardens and f	arm V	· .			II.	S.A.
13. FATHER'S NAME			The country of the	14. MOTHER'S	MAIDEN	NAME			U sitte
Gen	rge Willia	ame				PR-00-		,	N
15 WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT			Address		
(Yes, no, or unknown)	(If yes, give war or dates of se	2	13-93-1117	Mrs. G	eorg	e Will	iams E	lkton,	R.D.2 Md
18. CAUSE OF DEA	TH [Enler only one caus	e per line :	for (a), (b), and (c),)					IN.	TERVAL BETWEEN NSET AND DEATH
	TH WAS CAUSED BY		Acute Corona	rvOCCT	IISTO	N		Of	NSET AND DEATH
11201	IMMEDIATE CAUSE (a)		attaco con conta	-30002	0020				
Conditions, if a	DUE TO								
gave rise to imme	diote cause								
(o), stoting the									
	J (c)	ITIONS CO	INTRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERM	UNAL DISEASE CO	ONDITION GIVE	N IN PART 1(a)	TO WAS ALTOPSY
8					THE PENT	1111120102102	011011011011	14 114 1 140)	PERFORMED?
20a. EXTERNAL CAL	ISE WAS 20h	DESCRIBE	HOW INJURY OCCURRED, (Ed	lar sohers of le	ives in Pa	et I av Part II of i	toon 10 t		YES NO K
PART II. OTH	NTRIBUTING 🗆 🖠			1107 1107010 01 17	1017 111 101	11 101 1011 12 00 1	non to.		
	RY Month, Day, Year	20d. I	NSURY OCCURRED 200, PLAC	E OF INJURY (tome form	m, 20f. (City or	town	(County)	(Stote)
Hour a.m.	19	While	Not while facto	ry, street, office	bldg., etc		,	(600.03)	foreigh
			rk or work emains described above	a hald as	A	<u>i</u>			3
		450				. — .			ond find that
deoin resulted	from: Natural c	ouses 🕍	Accident [], Suid	ide 🔲, 🕒	omicidi	e [_], Unde	etermined co	ouse 📙.	
ACTUAL	IN In I		2017/201	en 11 en 1					DATE SIGNED
SIGNATURE	JULION	50	-0000	_M.D.		XAMINER [
EXAMINER'S	P C Dada				a.	AL EXAMINER	J	6 05	ro.
NAME (Type)	R.C.Dods				MEDICAL	EXAMINER		0-27-	フプ
REMOVAL (Specify)			22c. NAME OF CEMETERY OR				N (City, town, or		(State)
Remova		7	BohemiaMan	oi.cem.			mia Ma		
23. FUNERAL DIRECTOR	SHONATURE	7	A	- C.L		D BY REGISTRAR	24b, REGIST	FRAR'S SIGNAT	URE
with the			909 Popla	r St.,	DATEN	2 9 '59	au.	9.4-	
								TO THE PERSON	

YS. A15ME(5) 5M 9/55

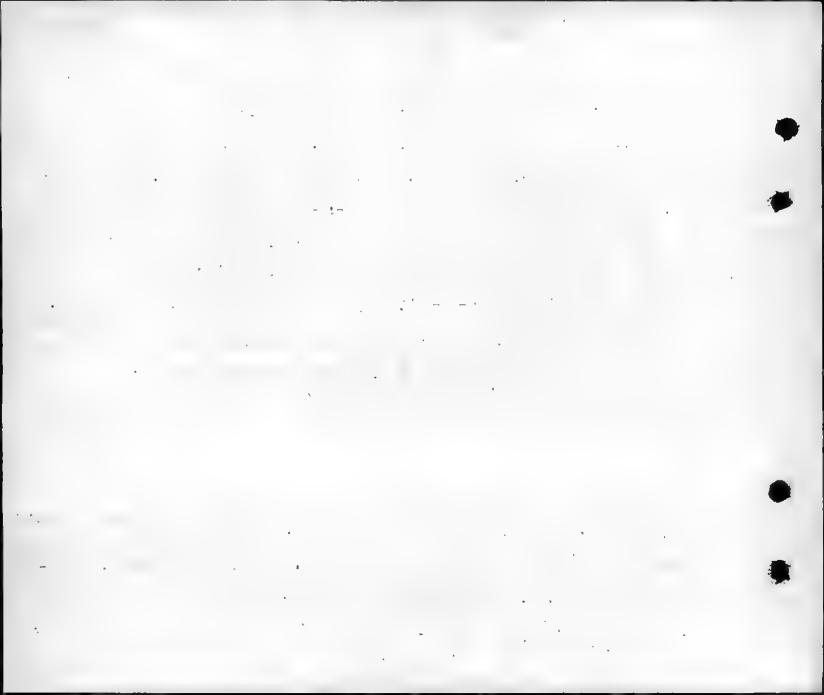


VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6689

CERTIFICATE OF DEATH

Ш								Keg. Dist	I. No. C	36		
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)									
	Cecil				Maryland b. COUNTY				Harford			
	b. CITY OR TOWN (II RURAL and give no	Foutside corporate limits, write	c. LENGTH OF STAY IN 16	c	c CITY OR TOWN (If outside corporate limits, write RURAL)					and give nearest town)		
		Point	12 days	Aberdeen					1			
	d. NAME OF HOSPIT	AL (If not in hospital, give stre	et address)	d	STREET ADDRESS				e. IS	RESIDENCE		
		Administrati	on Hospital	2	25 N. Philadelphia Boul							
3.	NAME OF DECEASED	First	Middle		Losi	4. DATE OF	Mor	ıth	Day	Year		
	(Type or print)	JOHN	W.	WI	LLIAMS	DEATH	Ju	ne	15	1959		
5	SEX	6. COLOR OR RACE 7 MA	RRIED T NEVER MARRIED	8 DAT	E OF BIRTH		9. AGE (In years lost birthday)		YEAR IF UN			
	Male	White WIDO	WED DIVORCED	2	-10-92		67 yn.	Months	Days Hou	ırs Min		
10	0a USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)		L KIND OF BUSINESS OR INDU	STRY 1	TRY 11 BIRTHPLACE (State or foreign country			y) 12. CITIZEN OF WHAT CO				
	Engineer		Unknown		Pennsylvania			USA				
3	. FATHER'S NAME			14,	MOTHER'S MAIDEN N							
		Joseph Willia	ms (Deceased)		Sarah Bu	isch (Decease	d)				
			6. SOCIAL SECURITY NO.	INFORM	ANT		Add	lress				
1.	Yes	(If yes, give wor or dates of service)	22 6- 22-0605 H	ospi	tal Recor	ds,	VAH, Per	ry Poi	int, 1	Id.		
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]									INTERVAL BETWEEN			
ONSET AND												
	IMMEDIATE CAUSE (6) Peritonitis diffuse due to extravasated 72 hours											
	. X DUE TO contents of viscera											
	Conditions, if ony, which (b) Resection of large bowel for adenocarcinoma											
	course (o), stoting the under: DUE TO Of the rectum (6-12-59)											
_	lying couse lost. (c)											
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS: PERFORMED? YESUS. NO											
MEDICAL	20c TIME OF INJUR	Y Month, Doy, Year 20d.	INJURY OCCURRED 20e. P	LACE OI	INJURY (Home, form	20f. (Cit	y or town)	(C	ounty)	{Sto		
MED	Hour o. m. While Not while foctory, street, office bldg, etc.)											
_	VA TO TO TO TO											
	Appress (Street, city or town, stote) PATE SIGNED											
	SCHIEF STATE											
	SIGNATURE N.A. W.A. Hospital, Perry Point, Md. 6-16-59											
	PHYSICIAN'S											
_	NAME (Type)		REY				nologist					
24	BURIAL, CREMATIO	N, 226 DATE THEREOF	22c. NAME OF EMETERY	04	. /	22d. LOCA	TION (Sity, town,	or county)	1 18	tote)		
	Deerigy	6/14/1937		ROLL	uorial	100	plowe	Harr	and ly	0.14		
23	FUNERAL OUT OF	SIGNATURATION OF	ADDRESS	11757	24g. REC'	D BY REGIS	_	ISTRAR'S SIG	4 -			
	TAKRING	FUNERAL HOME	ABERDELN, MA	RYL.	AND PATEUL	1 1 0 3	3 Ch	Uhu7 S. 1	hand			



VS A15 (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6690

CERTIFICATE OF DEATH

Reg. Dist. No. 06681

. PLACE OF DEATH a. COUNTY Ceall			MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Maryland							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				c. CITY OR TOWN (If outside corporate limits, write RURAL and give						n)	
			12 days	lavs Pocomok			23x-2					
d. NAME OF H	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Veterans Administration Ho				d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF			Middle	13		4. DATE	4.4					
DECEASED (Type or print)	First		(NMI) RIED NEVER MARRIED		WILSON	OF DEATH	Tana	nth	26		Year 19 59	
S. SEX	JESSE				TE OF BIRTH		9. AGE (In years	IE UNDE			NDER 24 HRS.	
Male		WIDOWED			vember 17	, 1896	lost birthdoy) 62 yrs.	Months	Doys	Hours	Min.	
10a. USUAL OCCI	JPATION (Give kind of work de	one 10b. K	IND OF BUSINESS OR INC	DUSTRY	11, BIRTHPLACE (Stot	te ar fareign co	ountry)	12. CIT	IZEN OF	WHAT	COUNTRY?	
	Laborer Unknown				Unionville, Maryland U.S.A.							
13. FATHER'S NAA	ELECT OWNER	14	MOTHER'S MAIDEN					-	- 11			
7	oden 1881 nom				Susan Ha	med a						
	rin Wilson	250 24 50	OCIAL SECURITY NO.	INFOR		TRIB	à ala	dress				
(Yes, no, or unknown)	(If yes, give war or dates of ser	vice)							D	rie P	M	
Yes	WWI	21	7097293 H	losp.	ital Reco	rds, v.	v nosbr.	car,	POFI	ry r	OLLE	
lying couse												
PART I	I. OTHER SIGNIFICANT COND	ITIONS CO	INTRIBUTING TO DEATH B	BUT NOT	RELATED TO THE TERM	MINAL DISEASE	CONDITION GI	VEN IN PA	RT 1(o) 1	PERF	AUTOPSY DRMED?	
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o.m. 19 Of work of work of work 19 O										(State		
21. I certify that attended the deceased fram June 14. , 19 59, to June 26. , 1959 THE FIRST CONTROL OF STATE O												
ACTUAL SIGNATURE_	SIGNATURE M.D. V. A. HOBDIEST, FUTTY FUTTY FUTTY											
PHYSICIAN'S NAME (Type)	B. LINN, M.		6,634		Perry Poi	int, Ma	ryland					
REMOVAL (SI	1 6/28/5	9	UNIONUIL	OR CRE		Poc	omok	E	Cit	(Sto	MI-	
23. FUNERAL DIRE	TON & SON, H	vre	de Grace, M	id.		C'D BY REGIST		ISTRAR'S S		RE '		

bian A Yeard lerry tolut, 12 tyra Fonomoire Entity of the transfer of the second bust 208.11V Normales 27, 1096 of 0.3.6 Laborar Common Palence Harriand U.S.L. oberell mano mosti mivel ban! edal objects from the control of the surveyed a prof. Los extratore de a senore facto actel June 24. It June 25. Symmetry common Teller and a service of the service of the service of Persy Detary Mercy can SCHOOL TOWER AND AND THE PERMITTED AND A THE A PERMIT OF PERSON, MAL

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution_Residence before admission) a. STATE Mary 1 and b. COUNTY Cecil c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Rikton d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 120 Booth YES NOTE 4. DATE Lost Month Day Year OF DEATH 29 6 1959 9. AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS 8. DATE OF BIRTH Davs Hours Min. April 4 1882 yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Maryl and USA 14. MOTHER'S MAIDEN NAME Martha Sewell Address 120 Booth St Rikton. M d Nora Braywood INTERVAL BETWEEN ONSET AND DEATH 3 421 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO A 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, | 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) 10-c- 19 3 7, that I last saw the deceased and that death occurred at 145 P. M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) 220. BURIAL, CREMATION, 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Burial Elkton -1950 Elkton. (ADDRESS 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE arthur & Thresh DATE JUL 6 Joseph R.Grant North East. Maryland

FUNER 0

VS A15 [4] 15M 9/55

